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Patient number	**Consent of the examined person (legal representative) with genetic laboratory testing**	Laboratory number

Surname, first name of the examined person	**Insurance no. / Date of birth**

Genetic laboratory testing purpose:

□ Diagnosis verification/confirmation □ Disease predisposition detection □ Fetus disease diagnosis

□ Determination of disease transmissibility □ Other……

Declaration of the examined person:

I confirm I have been provided with genetic counseling concerning the genetic laboratory testing for the purpose stated above. All information have been provided and explained to me clearly and comprehensibly. I have had the opportunity to properly, untroubled and with sufficient time consider everything. I have had the opportunity to ask the doctor about everything I have judged as essential for me and useful to know and discuss with him/her everything what I did not understand. I have been provided with a clear and comprehensible answer to my questions.

I agree that a sample from my body shall be taken and the following tests shall be performed:

Cytogenetic examination ☐ Karyotype ☐ FISH ☐ ArrayCGH ☐ Other……

Molecular-genetic examination ☐ Testing for the disease……

Other examinations ☐ Other……

from the sample:

☐ Peripheral blood ☐ Amniotic fluid ☐ CVS (villi) ☐ Umbilical blood

☐ Buccal swab ☐ Tissue; skin, muscle ☐ Ejaculate ☐ Other ……

I also wish the following:

□ I wish / □ I do not wish to be informed about the results of the genetic laboratory testing
□ I wish / □ I do not wish to be informed about unexpected findings
□ I wish that the following persons shall be informed of the results of the testing / unexpected findings:

……

□ **I agree** / □ **I do not agree** that my DNA shall be retained in the laboratory for the purpose of another possible analysis depending on the advances in research which will be performed to my advantage and the advantage of my family. If I do not agree, the sample will be destroyed with a risk that for possible further testing in the future a new collection of the material will be needed.

□ **I agree** / □ **I do not agree** with anonymous use of DNA for medical research or as a reference sample (use of the sample as a control for another testing)

□ **I agree** / □ **I do not agree** with publication of the obtained results in the scientific publications

Based on this information I agree that the relevant sample shall be taken from my body and the above described genetic testing shall be performed. I declare I understood all data, information and consents I had been provided and explained.

In…… date…… **Signature of the examined person:**……
(legal representative)

Name, ID of legal representative: …… Relation to the examined person: ……

Name, stamp and signature of the physician: ……