Declaration of Consent in accordance with genetic diagnostics act

Patient name: _____

First name: _____

Date of birth: _____

Please tick the planned genetic analyzes:

☐ DNA Adducts*

☐ SODase Activity & Gene Examination*

The fully completed and signed declaration of consent of the patient or his / her legal representative is an absolute prerequisite for carrying out the genetic test. You can find more information about the genetic diagnostics act at: www.igl-labor.de

***Please take a (gel) serum monovette / vacutainer, one monovette / vacutainer is sufficient for both parameters**

Il was informed by my attending physician about the purpose, nature, possibilities and limits of the examination in my particular case.	□ Yes □ No
I agree to the collection of a blood sample and the performance of the genetic diagnostics and have the right to revoke my consent at any time in written form. I have been granted an adequate time to consider and have no further questions at this time.	□ Yes □ No
I agree that any remaining sample material may be stored for later verification of the results, subsequent demands by my physician as well as quality assurance control sample) and any further diagnostic examinations (not specifically marked) until I revoke my consent.	□ Yes □ No
I agree that possibly collected data / results can be used in anonymous form for purposes of teaching and training as well as for scientific purposes forthe research of epigenetics.	□ Yes □ No
Il agree that the test results of the examination can be transmitted by my attending physician to a further attending physician.	□ Yes □ No
I know that the test results are exclusively handed over / transmitted to my attending physician by the IGL Laboratory.	□ Yes □ No

Place, Date _____

Signature of Patient or Legal Representative _____

Name of treating Physician in block letters _____

Signature of treating Physician in accordance with genetic diagnostics act _____

Practice stamp:

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