Institut für Humangenetik
des Klinikums rechts der Isar
der Technischen Universität München
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Klinikum rechts der Isar
Technische Universität München

Patient (sticker if applicable)	
Surname	Prename
Birthdate	Phone
Street	
Area code	City

Biosample:
Indication:
Genetic testing:
☐ prenatal ☐ postnatal
☐ molecular genetics
☐ cytogenetics / molecular cytogenetics (FISH)

Informed consent for human genetic testing according to the German law Gendiagnostikgesetz – GenDG

German law concerning genetic testing requires a detailed informed consent process followed by written consent of the patient, the consulter or the legal representative as well as a genetic counselling before and after prenatal and predictive analyses.

- I herewith declare my consent that the taken samples for genetic testing can be examined for the above mentioned indication.
- I herewith declare, that I was formally informed about the extent and limitations of the requested genetic testing. The possible results and consequences of these examinations were thoroughly discussed.
- All personal data are covered by medical confidentiality according to data privacy protection*.
- I was informed that I can withdraw consent fully or in part at any time in writing.
- The application of new genome-wide methods such as array-, exome- or genome-analysis may reveal incidental findings, which may not be directly connected to the above mentioned indication for genetic testing. Such incidental findings may have therapeutic or prophylactic relevance for me and my family. Such incidental findings can be disclosed if requested.

Please check the boxes below. I agree with the following:	**yes**	**no**
I agree that my examination request will be forwarded to a specialised partner laboratory if the analysis cannot be carried out in the above mentioned institute.	☐	☐
I agree that my sample will be stored, if applicable, for additional analyses and further verification of the original diagnostic results.	☐	☐
I agree that diagnostic results will be stored beyond the mandatory 10 years period requested by German law (i.e. in the case of children and grand-children).	☐	☐
I agree that my samples and the diagnostic results can be stored and used in an encoded (pseudonymized) form for research purposes and that the results and compiled data may be published in an anonymized form.**	☐	☐
I wish to be informed about additional genetic findings (incidental findings) relevant to my health. There is no entitlement to completeness or updating of such findings.	☐	☐
Name and address of the referring clinician:		

Place, date	Signature (patient/legally authorized representative)***	Signature and stamp of the responsible clinician

* Data protection information will be provided to you in the supplement to this consent form and on the website of the Klinikum rechts der Isar (www.mri.tum.de/patientinneninformation-zum-datenschutz).
** In case of genome-wide sequencing (e.g. exome/genome analysis) in a research context your consent is required and there cannot be inconsistencies between consent forms.
*** For individuals <18 years the signature of both legal guardians is required.