

PRIVATE DIAGNOSTIC LABORATORY

6, KARYSTOU, AMPELOKIPOLI, 11523, ATHENS • T: 2106917172 • F: 2106917154 • email: info@life-code.gr

• website: www.life-code.gr

Surname: First name:

Date of birth:

I confirm that I've been informed about the different aspects of genetic testing. I have understood the information and had sufficient time for decision making.

I give my consent for the following genetic analysis/es:

_____ prenatal postnatal predictive/presymptomatic

For the following disorder: _____

Based on the following biological sample (e.g. blood, amniotic fluid, tissue sample): _____

Incidental findings: Should the analysis/es reveal results not directly related to the testing requested (so called "incidental findings"), I wish to be informed as follow:

- Carrier of a disorder for which preventive and/or therapeutic measures are available YES NO
- Carrier of a disorder for which no preventive / therapeutic measures are yet available YES NO
- Healthy carrier of a recessive disorder which could concern the following generation or other family members YES NO
- Other decisions

Should these questions remain unanswered it will be assumed that the patient does NOT want to be informed about incidental findings.

Storage and use of the remaining biological material and data for further analyses.

- I agree that the remaining biological material and data will be stored for possible further analyses. My informed consent will be necessary should further analyses be requested. YES NO
In case of a negative answer the remaining biological sample will be destroyed after the analysis!
- I agree that my biological sample and data are used anonymously for quality testing YES NO

The use of your sample and data for research purposes.

Should you agree in principle to participate in research studies you could indicate this below. Should this be the case you would be contacted at a later stage with details concerning the research projects.

- In principle, I agree that my biological sample and data could be used for research purposes YES NO

Signature:
(Patient or parent/legal guardian)

Place and date: