Informed Concent	© 2018 by		<b>labor team w ag</b> Blumeneggstrasse 55 9403 Goldach		10/104		labor team
Physician's code Phone Telefax	Last nameFirst nameDate of birthc/o parentsAddressZIP, townPhonePatient- numberDate of collection				Time		
0016 ☑ Informed consent for genetic testing         Surname:							
<ul> <li>Based on the following biological sample (e.g. blood, amniotic fluid, tissue sample):</li> <li>I wish to be tested:</li> <li>even if the service is not part of mandatory reimbursement or an insurance coverage confirmation is not available (I will bear the costs of CHF if necessary.)</li> <li>only if the service is part of mandatory reimbursement or if an insurance coverage confirmation is available</li> <li>02213 Test/s to begin: 1 - immediately 2 - upon receipt of insurance cover. confirmation 3 - upon renewal of (Material to be preserved, cost: 54.90 CHF)</li> </ul>						02211   YES   NO	
<ul> <li>Incidental findings: Should the analysis/es reveal results not directly related to the testing requested (so called "incident to be informed as follow:</li> <li>Carrier of a disorder for which preventive and/or therapeutic measures are available</li> <li>Carrier of a disorder for which no preventive / therapeutic measures are yet available</li> <li>Healthy carrier of a recessive disorder which could concern the following generation or other family members Should these questions remain unanswered it will be assumed that the patient does NOT want to be informed about incidental findings.</li> <li>Storage and use of the remaining biological material and (raw) data for further analyses: <ul> <li>I agree that the remaining biological material and data will be stored for possible further analyses.</li> <li>In case your answer is NO, the remaining biological sample will be destroyed after the analysis!</li> </ul> </li> </ul>						idental findings"), I wish 01131   YES   NO 01132   YES   NO 01133   YES   NO 01135   YES   NO	
I agree that my biological sample and my data can be used anonymo The use of your sample and data for research purposes: Should you agree in principle to participate in research studies you could later stage with details concerning the research projects. A positive answer research projects.	usly for quality tes indicate this below er below <b>does not</b>	/. Should : <b>yet con</b>				ould conicipation	in any actual
<ul> <li>In principle, I agree that my biological sample and data could be used</li> <li>Signature: Place (Patient or parent/legal guardian)</li> <li>Medical counsellor:</li> <li>I declare that I have informed the abovementioned person/s, according to tests and their limits and that I have provided answers to the patient's quee</li> </ul>	e and date :						□ YES □ NO
Stamp and signature: Place	and date:						