

Doctor code

Telephone

Fax

Surname			
First name			
Date of birth	/	/	
c/o Parents			
Street, no.			
Postcode, town/city			
Phone no.			
Practice patient no.			
Sample date	/	/	Sample time : o'clock

M
F

0016 ☐ Declaration of consent for genetic testing

Surname: _____ First name: _____ Date of birth: _____

I confirm that I have been informed about the different aspects of genetic testing methods in the course of a genetic consultation. Further details can be found in the information sheet "Patient information" on the website of the Swiss Society of Medical Genetics. I have understood these and have had the necessary time to consider.

I give my consent for the following analysis/analyses:

_____ prenatal postnatal predictive/presymptomatic

For the following disease: _____

From the following sample (e.g. blood, amniotic fluid, tissue): _____

I would like to have the test:

- even in the event of a non-compulsory insurance benefit or absence of cost assumption
(If necessary, I will cover the costs of CHF _____ myself.)
- only in the event of a compulsory insurance benefit or cost assumption approval

02211 YES NO

02212 YES NO

02213 Start of analysis: 1 – immediately 2 – with delivery of cost assumption 3 – on providing additional confirmation
(Material will be retained for official purposes, costs: CHF 54.90)

Incidental findings: If the analysis/analyses yield results that are not related to the test mandate (known as "incidental findings"), I would like to be informed of these results as follows:

- Predisposed to diseases for which prevention and/or treatment are known
- Predisposed to diseases for which there are currently no preventive measures/treatments available
- Carrier status for recessive diseases that may occur in offspring or relatives

If you do not answer these questions, we will assume that you DO NOT wish to be informed about incidental findings.

01131 YES NO

01132 YES NO

01133 YES NO

Storage and use of excess test material and test results (raw data) for additional tests:

- I agree that the excess test material and raw data may be used for any follow-up tests.
If NO, your sample will be destroyed after analysis
- I agree that my sample and test results may be stored in anonymised form for quality assurance purposes.

01135 YES NO

01136 YES NO

Your sample and the collected data may also be used for scientific research purposes:

If you agree in principle to take part in a scientific study, you can declare this here. We will then contact you for further details if necessary. Expressing interest in principle **does not automatically amount to consent** to participate in a specific scientific study.

- In principle, I agree that my test material and the data collected may be used for scientific research purposes.

01137 YES NO

Signature: _____ Place and date: _____
(Patient/legal representative)

Doctor providing information

I confirm that I have informed the person(s) named above about the aforementioned genetic analysis/analyses including the restrictions on these in accordance with the applicable Human Genetic Testing Act (HGTA) and have answered the questions asked of me.

Stamp and signature: _____ Place and date: _____