

DISAGREEMENT WITH GENETIC LABORATORY TESTING

Patient's name Patient's ID

Purpose of genetic laboratory testing

Verification/confirmation of a diagnosis

Determination of predisposition for a disease

Carrier detection for a disease

Determination of a disease in an unborn child

Expected benefit of this examination

A. Physician's statement

I declare I have explained clearly and comprehensibly the purpose, nature, expected benefit, consequences and possible risks of the above stated genetic laboratory testing to the examined person (his/her legal representative). I have also informed the examined person about the possible results and consequences in case the examination would not be possible to perform with the intended purpose (it would fail) or it would not have the predicative value to fulfil the pursued effect. I have informed the examined person (legal representative) about the possible risks and consequences in case of refusal of this testing. The results of the laboratory testing will be confidential and shall, without the consent of the examined person/legal representative, be disclosed to a third party unless required otherwise by the applicable legal provisions.

Physician's name Signature..... Date.....

B. Proposed genetic laboratory testing

Cytogenetic testing:

Karyotype (chromosomal analysis)

Other

Molecular genetic testing:

Diagnostic

Other

From the sample:

Venous blood Amniotic fluid Placenta Saliva Tissue: skin, muscle Blastomera Umbilical blood

Based on this information I declare I do not agree with the above mentioned genetic laboratory testing and I am aware of all consequences I have been informed about.

Signature of the examined person (legal representative)

ID of the legal representative Relationship to patient

In: Date:

C. Declaration of the witness

I confirm that the examined person refused to sign disagreement with the proposed genetic laboratory testing.

Signature of the witness: In: Date: