

CONSENT OF THE EXAMINED PERSON (LEGAL REPRESENTATIVE) WITH GENETIC LABORATORY EXAMINATION

Name of the examined person:

Patient's ID:

1. Declaration of the examined person

I confirm I have been provided with genetic counselling concerning the genetic laboratory testing. All information have been provided and explained to me comprehensibly, properly and calmly and I have had sufficient time to consider everything. I have had the opportunity to ask the doctor about everything I did not understand or judged essential.

2. I agree that the following examinations shall be performed:

Cytogenetic examinations: Karyotype Spermogram FISH Other

Molecular genetic examinations:

Examinations for the following diseases

Other examinations:

From the sample: Venous blood Amniotic fluid Buccal smear CVS (villi) Ejaculate Other

3. I also wish the following:

I wish / I do not wish to be informed about the results of the genetic laboratory testing

4. I have decided that after completion of testing the following will be performed with my sample:

If possible, my sample(s) will be stored for further possible analysis performed in my and my family favour (for 5 years) but I will always be informed before the next examination and the newly proposed genetic laboratory examinations will be carried out only with my current consent.

Following the genetic laboratory examination the sample(s) will be destroyed with the risk that it will not be possible to verify again the result of the examination in the future if needed and a new collection will be necessary for further genetic examination.

Based on this information I declare my consent that a particular genetic laboratory testing shall be performed under the above stated conditions which I fully understand.

Signature of the examined person (legal representative):

Name of the legal representative: ID no.:

Relation to the examined person:

Doctor's name:

Signature: Date:

Signature: Date: