

Informed consent for genetic testing

Patient Data

First Name:

Surname:

Date of Birth:

I confirm that I have received genetic counselling and that I have had sufficient time to ask questions and to reflect on the matter. My Medical Counsellor has informed me according to the law on genetic testing on humans (GUMG). By signing this form, I give my informed consent for the genetic analysis to be performed.

Clinical Information:

Genetic Analysis:

prenatal

postnatal

predictive/presymptomatic

I agree to the analysis

even if it is not a mandatory service or if cost coverage is not guaranteed, and I will bear the cost of CHF _____ myself.

Yes

No

I give my informed consent for the storage of the biological material

for follow-up examinations

Yes

No

for anonymised quality controls in the lab

Yes

No

for anonymised scientific purposes

Yes

No

I wish to be informed

about the results related to my specific enquiry

Yes

No

about incidental findings with clinical relevance unrelated to my enquiry

Yes

No

if preventive or treatment measures are known

Yes

No

if no therapy is currently known

Yes

No

about incidental findings of a healthy carrier delete of a recessive disorder that could occur in offspring or relatives

Yes

No

Place and Date:

Signature of the Patient or
Legal Representative:

Signature and Stamp of the
Medical Counsellor: