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.

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:

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