

Patient's Name
Date of Birth
Address
Country



LABOR LADEMANNBOGEN

MEDIZINISCHE EXPERTISE

Human Genetics

Labor Lademannbogen MVZ GmbH
 Professor-Rüdiger- Arndt-Haus
 Lademannbogen 61-63
 22339 Hamburg

Tel.: (040) 53805 0
 Fax: (040) 53805 843
 www.labor-lademannbogen.de

- Doctor's practice stamp -

Informed Consent in accordance with the German law (GenDG)

I have received a detailed explanation of benefits and disadvantages of genetic investigations and I have understood about it. With my signature I hereby give my consent to the recommended genetic investigations and to the necessary sampling (blood, amniotic fluid etc.).

- I have been informed by my doctor concerning the significance and consequences of the below mentioned investigations,
- Before my consent I had sufficient time to reflect about the below mentioned investigations,
- I have the possibility to revoke this consent or to stop the investigations at any time, only the service performed by then will be settled,
- I agree with the requisite taking of samples.

Required genetic investigations

- I have been informed that immediate destruction of the samples after the investigations is regulated by the German law (GenDG).
- I agree with the preservation of the samples for verification of the results if needed or for further genetic testing for diagnosis.
- I agree with the storage of samples for laboratory analytical quality control measures or scientific purposes.
- I agree with the sending of the reports to my attending doctors.
- I agree with the transmission of the analytical order – if necessary – to a specialized cooperating medical laboratory.
- I transfer the remaining sample material according to § 950 BGB to the laboratory which conducted the investigations.

(Please delete where inapplicable)

(Location/date)

(Signature of physician)

(Signature of patient / legal representative)