

## INFORMED CONSENT FOR GENETIC TESTING

### Patient information

Surname	First name	Date of birth
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I confirm that I've been informed about the different aspects of genetic testing and had sufficient time for decision making. My medical doctor informed me that this counselling corresponds to the law on genetic testing on humans (GUMG). With my signature I give my agreement for the performance of the genetic testing.

### Clinical indication

\_\_\_\_\_

### Genetic test

prenatal     postnatal     predictive/presymptomatic

### Biological sample

\_\_\_\_\_

#### I wish genetic testing...

... even in case of non-compulsory service or if confirmation of cost coverage is missing  yes  no  
(and pay for the cost of ..... CHF myself).

#### I give my agreement to store the biological sample as well as raw data...

... for follow up testing  yes  no  
 ... for anonymized quality control in the laboratory  yes  no  
 ... for anonymized scientific purpose  yes  no

#### I would like to be informed...

... about incidental findings with clinical relevance, which are not directly related to the questioning, if

a) preventive and/or therapeutic measurements are available  yes  no  
 b) until now no therapy is available  yes  no

... about incidental findings of healthy carrier status of a recessive disorder which could concern the following generation or other family members  yes  no

Place and date \_\_\_\_\_ Signature Patient or parent/legal guardian \_\_\_\_\_

Place and date \_\_\_\_\_ Signature and stamp medical counsellor \_\_\_\_\_