

Krankenkasse bzw. Kostenträger

Name, Vorname des Versicherten

geb. am

Kassen-Nr.

Versicherten-Nr.

Status

Betriebsstätten-Nr.

Arzt-Nr.

Datum

Geschlechtsform:



Labor MVZ Westmecklenburg
SCHMUDLACH-OSWALD-KETTERMANN & KOLLEGEN

Dipl.-Chem. H.-O. Schmudlach

Fachwissenschaftler der Medizin
Klinischer Chemiker

Dr. med. F. Oswald

Facharzt für Mikrobiologie
und Infektionsepidemiologie

Dr. med. S. Kettermann

Facharzt für Laboratoriumsmedizin
Facharzt für Innere Medizin

Dr. med. F. Wegner

Facharzt für Laboratoriumsmedizin

Dr. med. W. Altrogge

Facharzt für Laboratoriumsmedizin

Dr. rer. nat. M. Neumann

Dipl. Biologin

Dr. rer. nat. I. Neumann

Dipl. Biochemiker

Molecular genetic Diagnostic

DECLARATION OF CONSENT

For human genetic analyses according to German Genetic Diagnostics Act (GenDG)

I hereby declare my consent for a molecular genetic / molecular cytogenetic / cytogenetic analysis to clarify the diagnosis of

☐ for myself

☐ for my son / daughter

I have been informed about the disease or the possible hereditary disposition, respectively. I have been informed about nature, significance and consequences of the genetic analysis. I have had sufficient time for consideration.

I would like to be informed about the results of the genetic analysis only insofar as it is relevant for the above mentioned question for me and my family. I do not want to be informed about incidental findings.

☐ yes

☐ no

I would also ask to be notified about all incidental findings with consequences for me.

☐ yes

☐ no

I have been informed that I may cancel my declaration of consent at any time without giving reasons, that I may refrain from getting knowledge of the results of the analysis (right to nescience) and that I may stop the analysis at any time. I also have been informed that I have the right to demand that the material ex-amed as well as all results obtained until then will be destroyed.

I agree that the results of the analysis are also sent to other doctors / persons.

☐ yes

☐ no

Name/s: _____

I agree that remaining genetic material (DNA) will be conserved for the purpose of verifiability of the results and for future new diagnostic possibilities for the above mentioned question.

☐ yes

☐ no

I agree that remaining genetic material (DNA) in an encrypted (pseudonymised) form may be used for the purpose of quality assurance (as control / reference material in our own laboratory, laboratory compari-sons).

☐ yes

☐ no

I agree that the test results and medical reports will be kept beyond the period of 10 years required by law.

☐ yes

☐ no

Place, date

Signature patient / parent / legal guardian

Place, date

Signature medical practitioner