

Patient	male	female	divers
Last name, first name		Date of birth	
Street			
Zip code		City	

Universitätsklinikum Carl Gustav Carus

DIE DRESDNER.



Genetische Diagnostik
Institut für Klinische Genetik
Fetscherstraße 74, Haus 137, Laborbereich
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Genetische Ambulanz
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Consent according to the German Genetic Diagnostics Act (GenDG - <http://www.gesetze-im-internet.de/gendgf/>)

Please make sure that your information is complete, otherwise it may not be possible to process it.

Physician and institution (stamp or printed letters)

Last name, first name
Name of the institution
Adresse
Phone

Cost unit	Public health insurance / Referral Slip No. 6 (joint treatment, no laboratory analysis)	§116b SGB V	UKD - in-patient	Invoice to sender / clinic
	Public health insurance / Referral Slip No. 10 (Laboratory analysis without budget burden)	§140a SGB V	Private health insurance / Self payer / IGeL	Research based by agreement

Reason for Investigation

Disease / Diagnosis
clinical, anamnestic and
family anamnestic data
Previous genetic findings
Type of examination / method

I consent to the electronic processing and storage of my personal and clinical data in the hospital information system and in other specialist databases of the University Hospital Carl Gustav Carus. In accordance with the GenDG, I hereby consent to genetic testing to determine the genetic cause of the above-mentioned clinical condition. I have received a thorough explanation from my physician with regard to the disease, its possible genetic origin, and the significance and limitations of the planned genetic test(s). All my questions have been answered and I have had the necessary time to consider giving my consent to the

Storage of sample material after completion of the examination order

a) for verification and quality assurance. yes no
b) for new diagnostic possibilities. yes no

Use of the examination results for counseling and testing family members with regard to the above mentioned clinical condition. yes no

Use of the surplus sample material for researching the causes and improving the treatment of genetic diseases, as well as publication of the pseudonymized results. yes no

Storage of the examination results for longer than 10 years. yes no

Forwarding of this test request to a specialized cooperation laboratory. yes no

Exchange of my pseudonymized data for the purpose of verifiability of the results and quality assurance with other institutions in compliance with data protection. yes no

Sending of the genetic test results to the referring physician. yes no

The communication of the findings is always carried out in accordance with the German Genetic Diagnostic Act (Gendiagnostikgesetz).

The reports on the findings of the examination or the treatment reports should also be sent to:

Surname, first name, institution, location of other attending physicians

IMPORTANT: Clarification of additional findings: If medical findings are obtained that are not related to the above-mentioned clinical question, but which, according to the current state of knowledge (based on the recommendations of the American College of Medical Genetics, ACMG), could possibly have a treatment or preventive consequence for me or my family, I would like to be informed about this. There is no claim to completeness. yes no

I can revoke this consent in whole or in part at any time.

I have received and understood a detailed explanation of the planned genetic tests in accordance with the GenDG. I had the necessary time to think about it. All my questions were answered comprehensively.

In addition to the information sheet in accordance with the GenDG, I have received a copy of the consent / I waive a copy of the consent .

Alternatively: Confirmation by the medical person providing information: I have the consent of the patient or the legal representative.

Place, Date

Signature patient or legal representative

Signature of Informing physician

First name, surname of patient or legal representative in **printed letters**

First name, surname, **stamp or printed letters** Informing physician