

PATIENT

Surname:..... Name:

Date of birth

Sex: F M

Phone number.....Email address

Clinical diagnosis.....

Genetic counselling before testing is required because genetic tests they are complex analysis and require a good understanding from the patient.

I understand that I will be tested for:

.....

(to be filled in by physician)

I understand that the biological sample will be used to determine if I or members of my family are carriers of a mutation causing the disease/carriers of the disease/ have an increased risk for a disease with a genetic component.

The role of genetic testing. In many cases, a genetic test can directly detect a genetic alteration. Molecular tests can identify structural changes in the DNA (mutations). Cytogenetic tests identify the chromosomal changes (structural or numerical). The sensitivity and specificity depend on each test.

The tests offered are complex analysis and are performed using high-end equipment. The methods are externally validated, but there is a reduced possibility of errors.

The significance of the results. If the result is identified as being directly causative of the clinical manifestations, it is considered to be conclusive. If the test does not identify the causative mutations of the clinical manifestations, this fact does not preclude other genetic changes responsible for the disease (a genetic disease/susceptibility to a genetic condition/genetic component is not excluded).

Interpretation of the test depends on family history, and an error in diagnosis could occur due to various biological relations different from those declared. In addition, the test can identify a possible non-paternity. The test results will be forwarded to the patient by the geneticist or sending physician and are **confidential**.

Random findings. Genetic testing can provide information unrelated to the purpose of the test, but may have medical importance for the patient or family (information correlated with an increased risk for incurable disorders).



GENETIC TESTING INFORMED CONSENT

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Use of the sample/result. The sample provided will be used solely for the purpose of the test and for which I have given my written consent.

Test results can also be used for research and to improve the diagnosis and treatment of genetic diseases. I agree to the storage and use of my test results under the protection of anonymity in a statistical database used for scientific purposes and to help diagnose genetic diseases and changes. I understand that I will remain under the protection of anonymity and I cannot be identified during the analysis of the data and that any personal information will be transformed as information of a non-personal nature.

The genetic material will be later used for other purposes only with my consent.

- I agree**
- I do not agree**

By my signature, I hereby certify that:

1. I have been informed about the nature and purpose of the genetic test.
2. I received explanations in relation to the benefits and limitations of the genetic test from *(name of physician)*
3. I have been informed that the genetic test can provide information/results which have no connection with the purpose of testing. I understand that only I decide if I want those additional results to be provided.
4. I received clear answers to my questions in connection with the genetic test.
5. *I received a copy of this form.*
6. *I agree to give a sample for the above mentioned genetic test.*

Completed by: **Patient** **Parent**

Surname, name:

Date of completion: **Signature:**

*I explained to the patient the risks and benefits of the test as well as alternative test methods.
I answered to all the questions of the patient or next of kin.*

Name of geneticist/sending physician:

Signature and seal of that the geneticist /sending physician
.....

Date