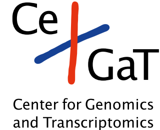
Declaration of consent



Patient

Surname: ______________________

First name: ______________________

Date of birth: ______________________

Sex: ❑ male ❑ female

Material

❑ Blood ____ ml (min. 5 ml EDTA-blood)

❑ Dried blood spot cards (10 spots per patient)

❑ DNA ____ µg (min. 5 µg DNA, concentr. ≥ 50 ng/µl) DNA-No.: __________

❑ Other specimen ______________________

Family-ID: ______________________

Date of sample collection: ______________________

Samples can be sent by mail in a cardboard box or air cushion envelope. Samples should not be exposed to direct sunlight. Dried blood spot cards can be ordered for free (info@cegat.com).

Sender / Clinic

Surname:

First name:

Institution:

Street:

Postcode/City:

Country:

Phone:

Email:

If applicable, please include a VAT number or a copy of your business registration certificate.

VAT: ______________________

Invoice

❑ to patient ❑ to sender / clinic

Declaration of consent

By signing this form, I declare that I have received comprehensive information about the genetic background related to the disease in question as well as the possibilities and limitations of molecular genetic testing. I understand that I have the right to withdraw my consent to genetic analyses.

I have been informed, and agree, that the data obtained in the analysis will be recorded, evaluated, or stored in an anonymised form in scientific databases, and further, in accordance with data protection and medical confidentiality, that the request, or parts thereof, may be transmitted to a specialised cooperating laboratory. I have been informed, and agree, that all data collected by CeGaT GmbH is electronically stored, processed, and used. I also consent to the data being transmitted electronically (e.g. by e-mail or fax).

If you do not check these boxes, your answer will be recorded as "no".

I consent to the storage of my genetic material for additional tests and/or quality control (for max. 10 years). ❑ Yes ❑ No

I consent to the storage of my test results beyond the timespan of 10 years (as required by German law). ❑ Yes ❑ No

I consent to the anonymous storage and use of surplus genetic material and/or test results for scientific research. ❑ Yes ❑ No

In certain cases, medical findings occur that are not connected to the inquiry. About these findings,

❑ I do not want to be informed ❑ I definitely want to be informed

❑ I only want to be informed when opportunities for treatment could be developed for me or my relatives

This declaration of consent can be completely or partially withdrawn at any time. I have had sufficient time to consider giving my consent.

____
Patient / legal representative (Block letters)

____
Doctor (Surname, First name)

X ______________________
Patient / legal representative (Date, Signature)

X ______________________
Doctor (Date, Signature)

Doctor's stamp / Barcode

Contact
To discuss the diagnostic strategy please do not hesitate to contact us.
Phone: +49 7071 565 44 55
Email: diagnostic-support@cegat.de

DAkkS Deutsche Akkreditierungsstelle D-ML-13206-01-00

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS CLIA CERTIFIED ID: 99D2130225

CeGaT is accredited by DAkkS according to DIN EN ISO 15189:2014, by the College of American Pathologists (CAP) and CLIA.