

# Declaration of consent for human genetic diagnostics

**Patient:**

last name, first name	Date of birth
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**Topic to be investigated/genetic analysis:**

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I hereby declare my consent for the withdrawal of samples and the performance of a human genetic analysis to investigate the topic or genetic parameters described above. I have been informed about the nature and significance of the analysis. The investigation is exclusively for the purpose of the described topic and does not extend to the procurement of evidence for any other diseases or hereditary dispositions. I am aware that I can withdraw my consent at any time and I have the right not to know the analysis results.

I consent

I do not consent

to left-over sample material being stored for later verification of results, for additional requests from my doctor, and for laboratory validation and scientific purposes until such time as I withdraw my consent.

Place, Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible doctor

\_\_\_\_\_  
Signature of patient or parent/legal guardian