



INFORMED CONSENT OF THE PATIENT (OR LEGAL REPRESENTATIVE)

TO THE GENETIC LABORATORY
EXAMINATION AND TO THE PROVISION/
PROCESSING OF THEIR PERSONAL DATA



P R E N E T

PERSONAL DATA OF THE PATIENT

Name and surname

National ID No.

THE PURPOSE OF GENETIC LABORATORY TESTING

- Diagnosis verification/confirmation Detection of carrier status Predispositions determination Foetal disorder detection

THE EXPECTED BENEFIT OF THIS EXAMINATION

Discovering the cause of a genetic disease can lead to a more precise diagnosis, better treatment options and possible prevention of complications. In case of a foetal disorder detection, the parents can decide whether or not they want to have a child with a genetic disease. In case of predispositions determination, monitoring by a specialist is suggested to possibly detect the disease at an early stage.

ALTERNATIVES TO THIS EXAMINATION

None.

POSSIBLE LIMITATIONS IN THE USUAL LIFESTYLE AND IN THE WORK CAPABILITY FOLLOWING THE EXAMINATION, POSSIBLE CHANGES IN MEDICAL FITNESS

Following the collection of biological material from venous blood, it is necessary to follow the instructions of the health care professional and wait in the waiting room for the recommended time. Even despite following all the usual procedures, it may be necessary to repeat the examination. The results of the examination can be stressful for the patient.

THE IMPACTS OF THE EXAMINATION ON THE HEALTH OF THE PATIENT, INCLUDING THE HEALTH OF THE FUTURE GENERATIONS, INFORMATION ON THE RISKS OF UNEXPECTED FINDINGS FOR THE PATIENT AND BLOOD RELATIVES

- A positive genetic test result can affect the patient and other family members at risk.
- Detection of the so-called unexpected findings that may have a serious impact on the patient and their blood relatives (e.g. detection of carrier status of certain genetic diseases or negative result of the paternity test).
- Detection of findings that are different from normal findings but they have a specific impact on the current and/or future health of the patient and blood relatives cannot be performed based on the current knowledge.

THE NATURE OF THE EXAMINATION

Examination of biological material for the detection of genetic diseases.

INFORMATION ABOUT THE TREATMENT REGIMEN AND APPROPRIATE PREVENTIVE MEASURES AS WELL AS PROVIDING OTHER HEALTHCARE SERVICES

- None Resting regimen Per physician's recommendation

POSSIBLE RISKS AND CONSEQUENCES OF THE EXAMINATION

Common risks associated with the collection of biological material, especially haematomas, infections, reactions to disinfection.

FOR THE ABOVE-LISTED PURPOSES, I CONSENT TO THE COLLECTION OF THE FOLLOWING SAMPLE FROM MY BODY AND TO THE THE FOLLOWING EXAMINATIONS BEING PERFORMED

Cytogenetic examinations

Other examinations

Molecular genetic examinations

From

- Venous blood Amniotic fluid Umbilical cord blood Buccal swab Chorion tissue

Other

USE OF THE SAMPLE FOR SCIENTIFIC PURPOSES

I agree/disagree to the use and presentation of my anonymized genetic laboratory test results, including photographic documentation, for scientific and educational purposes.

I agree

I disagree

THE PATIENT MADE THE FOLLOWING REQUEST *MARK THE SELECTED OPTION

In regards to the results of the laboratory genetic testing, the patient asks to be informed / to not be informed of the test results*

That the following person be informed of the results of the examination

Agrees /

does not agree* to possibly being included in the relevant disease register.

THE PATIENT DECIDED THAT ONCE THE TESTING IS CONCLUDED, THE SAMPLE WILL BE HANDLED AS FOLLOWS

If possible, my sample(s) will be stored for further analysis for my benefit and for the benefit of my family, however, I will always be advised before any further testing. Any newly proposed genetic laboratory testing will only be performed once I have given an informed consent.

My sample(s) will be disposed of after the genetic laboratory testing has been performed, with the risk that, if necessary, the test results cannot be verified again in the future and a new collection of the genetic material will be required for further genetic testing.

I do not agree to the anonymous use of my DNA for medical research.

I agree to the anonymous use of my DNA for medical research.

Other

PHYSICIAN'S STATEMENT

I declare that I have clearly and comprehensibly explained to the patient (or patient's legal representative) the purpose, nature, expected benefits, consequences and possible risks of the above-listed laboratory genetic examinations. I have also informed the patient of the possible results and the consequences of the examination not being able to be carried out for the purposes stated above (failing) or not having the necessary explanatory power to fulfil the purpose which is being pursued. I have also informed the patient (or legal representative) of the possible risks and consequences in case of refusal of this examination. The results of the laboratory examination will be confidential and will not be disclosed to any third party without the consent of the patient/legal representative, unless otherwise specified by applicable law.

Physician's name

Date

Physician's signature and stamp

A copy of this document (verified by the physician) is provided for the use of other entities involved in the diagnosis.

PATIENT'S STATEMENT

I declare that I have been informed of the details of the above-listed laboratory examinations. The purpose, nature, benefit and risks of this examination have been clearly and comprehensibly explained to me and I was given sufficient time and information for me to understand all important and essential data. If I had any questions, I was given the opportunity to ask additional questions in person, by telephone or electronically before signing this informed consent. I am aware that based on the results of my genetic analysis, lifestyle changes and more frequent medical check-ups may be recommended. I am aware that a negative result of the genetic laboratory testing does not guarantee that the disease will not affect my health or the health of the future generations, as I am aware that other factors, which are undetectable by the genetic laboratory testing, are beyond the control of the controller and may contribute to the onset of these diseases (e.g. lifestyle). I have been informed that the genetic laboratory testing may be performed by a staff member other than the one who advised me and provided me with information about the genetic laboratory examination. On the basis of these instructions, I declare that I consent to the collection of the above specified sample of biological material. I declare that I am not aware that the indicated above specified genetic examination has been performed on me in the past. I do not conceal any facts that could influence the choice and performance of the genetic examination/genetic laboratory testing or could endanger other persons.

Date

Legal representative's name

Relationship to the patient

Patient's signature (or legal representative's)

The provider of the genetic laboratory testing, as the controller of the personal data that is to be provided for the purposes of the healthcare services, commits to processing such personal data in accordance with all legal regulations, in particular Act No. 372/2011 Coll. on Health Services and Conditions of their Provision (Health Services Act), Act No. 373/2011 Coll. on Specific Health Services and Regulation (EU) 2016/679 of the European Parliament and of the Council. Information related to the processing of client personal data by GHC GENETICS s.r.o. is available on the website www.ghcgenetics.cz and Information related to the processing of client personal data by the Medical Genetics Laboratories s.r.o. is available on the website www.genetikapardubice.cz.



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