





General Hospital Salzburg
Department of Dermatology of the Paracelsus Medical University Salzburg
Head: Univ.-Prof. Dr. Johann W. Bauer, MBA

EB House Austria EB Outpatient Unit Müllner Hauptstrasse 48 | 5020 Salzburg | Austria

CONSENT FORM FOR THE IMPLEMENTATION OF A GENETIC ANALYSIS

I hereby agree*, that a sample of blood/tissue/amniotic liquor or the like of □ myself		
	son I'm trustee for	horn
umy child / the person I'm trustee for born born is genetically analyzed for diagnosis of the below mentioned pathology. I was informed about the nature, significance and possible		
consequences of the planed genetic analysis by the physician mentioned below. If it is not possible to perform the analysis in Salzburg, I		
agree with the national or international transfer of the sample and the necessary clinical information to a specialized diagnostic laboratory.		
Pathology:		
Requested examinat	ion: chromosome analysis incl. FISH	
	□ molecular genetic analysis	
	□ exome-analysis	
	I was informed about the particular circ	umstances of this examination. In particular the possibility of unclear
findings or incidental findings.		
If there are any incidental findings, I want to		
□ be informed.		
□ only be informed, if prophylaxis/therapy is possible.		
□ NOT be informed.		
Type of examination	ı: □ diagnostic □ as	part of genetic family analysis
	□ predictive	
Only for array-diagnostics, panel-diagnostics, genome-wide analyses (e.g. exome, genome): I was informed about the special characteristics of this analysis, particularly the possibility of unclear findings or auxiliary findings. During the panel diagnosis, several genes, which can be each be relevant for my pathology, are examined. Which genes were examined, and to which extent, is accurately reported in the findings report. I received the patient information sheet for the implementation of a genetic analysis.		
I prohibit the documentation of the, in the context of this consent form obtained, genetic laboratory results of the type 2 and/or 3 in medical reports and in medical histories (§65 iVm § 71a GTG). The results obtained of me in the genetic analysis shall be stored – separate from other medical findings – only in the institution in which they were obtained.		
□ I permit the additional transmission of a summarizing findings report to the following physician		
Name of the physician, medical field, post code/city I prohibit the usage for research purposes or quality checks.		
After creating the findings report, the surplus of sample material is stored, so it could potentially be used for future diagnostic analyses. It could also be used for the purposes of quality checks or for method development; for that the material is anonymized, so that a later allocation to a person is impossible. I agree to that.		
I was informed, that I can cancel the examination in writing at any time and without giving reasons and/or renounce the information about the results. I was also informed, that I can object in writing the documentation of genetic analyses in medical reports and/or in the medical history.		
Date	surname/first name of patient, legal guardian o trustee (IN CAPITAL LETTERS)	r signature patient, legal guardian or trustee
Date	Surname/first name of informing physician (IN CAPITAL LETTERS)	signature of informing physician

* According to \$69 of the genetic engineering law a genetic analysis may only be conducted, if the person to be examined (legal guardian of underage individuals, trustee of individuals for whom a trustee is appointed) confirmed in writing, that he/she was informed about the nature, significance and possible consequences of the analysis by a medical specialist in human genetics/medical genetics or by a specialist in the indication field or by a general practitioner with a certificate for clinical genetics and, based on that knowledge, agrees with the analysis.

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