

## DECLARATION OF INFORMED CONSENT TO GENETIC TESTING

**To be completed by an adult patient or parent/ legal representative of the patient**

NZOZ Genomed-4, zał.3-ENG (GENOMED-2) v.3.1

Name and surname of the patient:		Date of birth: □□\□□\□□□□	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
National ID No: □□□□□□□□□□	Phone number:	e-mail address:	
Patient / legal representative's residence address: .....		Legal representative of the patient Name and surname: .....	

 The sample collected (*please tick the appropriate square*)

 blood  saliva  tissue  amniotic fluid  trophoblast  other (.....)

will be used for genetic testing:

 .....  
**name of the disease and/or the procedure code**

I have received information from the referring physician with regard to the disease(s) being tested for and diagnostic significance of the genetic test(s) to be performed (in accordance with art. 9, par. 2 of the Act of 6 November 2008 on Patients' Rights and the Ombudsman for Patient's Rights).

 I declare that in accordance with art. 9, par. 4 of the Act of 6 November 2008 on Patients' Rights and the Ombudsman for Patient's Rights, I consciously gave up, before agreeing to the above examination, from obtaining from the doctor the information referred to in art. 9 par. 2 of the above-mentioned Act

**I am aware that:**

1. Collected material will be used for (please mark the accurate square):

 **Postnatal diagnostics**
 verification of clinical diagnosis

 determination of carrier status

 **prenatal diagnostics**
 **post mortem diagnostics**
 **bio- banking of genetic material for the future tests**

2. I will contact the NZOZ Genomed, if me or my child have had the transfusion within 3 last months or if me or my child are after bone marrow transplantation.
3. If in the period between the collection of the material for examination and the date of issue of the result an underage patient is 18 years old he will need to sign the form of the Declaration of Consent before receiving the results.
4. If the relationship between the members of the examined family is different than the declared one, the interpretation of the result of the genetic test may be incorrect.
5. I understand that re-sampling of the biological material may be required if the currently collected sample does not meet the quality criteria.
6. I agree that the results of my research and the biological material remaining after the diagnostic test will be used anonymously for the purposes of scientific research, development of diagnostic tests, statistical analyzes and scientific publications.
7. I agree that my / my child's genetic material (DNA) will remain in the NZOZ Genomed resources after the test.
8. I declare that I have been informed that I can withdraw my consent at points 6 and 7 above at any time and request that these data will be deleted from the date of delivery of the relevant statement to NZOZ Genomed.

 .....  
 Place and date

 .....  
 Signature of the patient / parent / legal representative