UniversitätsKlinikum Heidelberg

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Informed consent

Consent form for biochemical/genetic analyses (including enzyme activities) and conservation of material and data

Patient ☐ **female** ☐ **male**	**Referring physician**
Name:	
First name:	
D.O.B.:	
Address:	
	Phone: **Fax:**

analyis/es requested

Declaration of the patient`s or his legal custodian's consent (legal) (according to German GenDG (= Genetic Diagnostics Law) - or a copy of the declaration of consent according to GenDG given to the responsible physician, respectively.

I declare that I have received a medical briefing and – where necessary – genetic counselling and that I am aware of my right to withdraw my consent to the scheduled analysis/es as well as to the necessary taking of blood or tissue samples. I give my consent to the storage of my data on paper as well as on electronic media according to the legal requirements. I also give my consent to the possible publication of my data for scientific purposes in a way where the patient identifiers are kept confidential. The results of my examinations don't need to be destroyed after 10 years, as requested by German regulations. After completion of the analysis, I assign all remaining examination materials to the laboratory that carried out the analysis, according to § 950 BGB (= German Civil Code/Law). Additionally, I give my consent to the transfer of my data – if necessary – to a billing agency for physicians for the purpose of issuing an invoice.

(Please, cross out not-applicable parts!).

Place, date **Name** (block letters) **Signature of the patient or his legal custodian**

Place, date **Name** (block letters) **Stamp and signature of the responsible physician**