

Child	
Surname:	_____
Forenames:	_____
Date of birth:	_____
Place of birth:	_____
Gender:	_____

Material	
EDTA blood:	<input type="checkbox"/>
Hepar. blood:	<input type="checkbox"/>
Other specimen:	<input type="checkbox"/>
Quantity:	_____
Date of extraction:	_____

Referring Paediatrician			
Surname:	_____	Hospital*:	_____
Forenames:	_____	Adress:	_____
Telephone:	_____		_____
E-Mail:	_____		_____

* if applicable

<p>By signing this form we declare that we have received comprehensive information regarding the genetic background related to the disease/ disorder in question, as well as the possibilities and limitations of genetic laboratory studies.</p> <p>We hereby request genetic analysis and testing: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>We hereby consent that results of the genetic analyses performed are being transmitted to the referring paediatrician, and in addition to the following physicians/ individuals:</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>Hospital: _____</p> <p>Address: _____</p> <p>_____</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>Hospital: _____</p> <p>Address: _____</p> <p>_____</p>	<p>We would like to be informed about the results of the genetic analyses only insofar as practically relevant regarding the disease/ disorder in question. With regard to secondary findings we wish NOT to be informed. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>We would like to be informed about secondary findings as far as there are practical consequences for my child's and/ or our health, and treatment options. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>We consent to the storage of the samples for re-evaluation and quality management purposes as well as for further investigations – if necessary – and for scientific purposes in an encoded (pseudonymized) way. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>We have been informed, and agree that our personal data and the data obtained in the analysis will be recorded, evaluated or stored in an encoded (pseudonymized) way in scientific databases, and that further – in accordance with data protection and medical confidentiality – the request, or parts of thereof, may be transmitted to a specialised cooperating laboratory.</p> <p>We have been informed, and agree to the electronic storage, processing, use, and transmission of all data collected by Praxis für Humangenetik Tübingen/ CeGaT. For more detailed information on data privacy as well as your rights please refer to www.cegat.de/en/privacy-policy.</p> <p>We have been informed that we have the right to withdraw this consent, or parts of thereof, at any stage without giving reasons. We have been informed that we also have the right, not to be informed about test results at all (right not to know). We are aware that we have the right to halt the processing of the samples, and even demand them being discarded, at any time including all the results obtained heretofore.</p>
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 Mother of the child: _____
 (Block letters)

 Physician: _____
 (Block letters)

 Father of the child: _____
 (Block letters)

 Date Signatures of the child's parents

 Date Signature