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CONSENT FORM

According to the Genetic Engineering Act

Consent declaration for the conduct of the human genetic analysis(es) mentioned below

To be completed by the patient.

First Name ..... Last Name .....

Date of Birth ..... Insurance Number .....

have been provided by the referring doctor in accordance with the currently valid Genetic Engineering Act, regarding the nature, scope, and significance of the planned genetic analysis.

(Suspected) Diagnosis .....

I consent to the implementation of the following genetic analysis(es) and agree to the (possible) costs incurred:
(Please check the applicable box)

- ☐ FACTOR V LEIDEN MUTATION
- ☐ HEMOCHROMATOSIS
- ☐ PROTHROMBIN MUTATION G20210A
- ☐ LACTOSE INTOLERANCE
- ☐ OTHER .....

Date ..... Signature .....

Doctor's Stamp and Signature

Date .....