

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

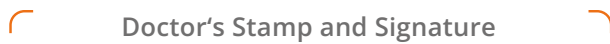
HEMOCHROMATOSIS

PROTHROMBIN MUTATION G20210A

LACTOSE INTOLERANCE

OTHER

Date Signature





Date