

Request for preparation of preimplantation genetic testing – the partner, relatives

(This form is an accompanying document for samples from relatives that must be analysed in order to prepare the PGT)

Personal data:	Requesting physician:
Name: Surname: Date of birth: Address:	(name, address, signature, stamp)
Primary sample:	
Peripheral blood (5ml of non-coagulated blood in K3EDTA) Other: _____	DNA isolated from: _____
Date and time of sample:	Date and time of request (if it is different):
Clinical data (is this Person affected by the disease?):	
Has the Person been tested?	YES NO If YES, then please send the laboratory report
Results of genetic examinations:	
Patient, that the PGT is being prepared for:	
Name and surname: Diagnosis (the disease that will be detected by PGT): Relation of the Person to this patient:	Date of Birth:
The Person agrees with:	
the examination of the sample use in internal/external quality control disclosure of incidental findings	storage of sample in DNA bank use for scientific purposes requires liquidation of the sample after the examination
The requesting clinician confirms that the patients have signed Informed Consent form that is either stored in their records or is attached to this form.	
The examination is performed by: GENNET, s.r.o., Laboratoře GENNET, Kostelní 9/292, 170 00 Praha 7, Czech Republic, Tel.:+420 222 313 000	
Záznamy laboratoře:	
Datum a čas příjmu vzorku/žádanky:	Vzorek/žádanku přijal(a):

Informed consent with genetic examination

I agree with genetic examination in the laboratory of GENNET, s.r.o. for the purpose of preparation of preimplantation genetic testing (PGT).

Patient, that the PGT is being prepared for:

I agree with long-term storage of the sample in the DNA bank of GENNET, s.r.o.

YES NO

I agree with disclosure of incident findings.

YES NO

I agree with use in internal/external quality control.

YES NO

I agree with use for scientific purposes.

YES NO

I ask for liquidation of the sample after the examination.

YES NO

Name and surname:

Date of birth:

Date and signature of the examined person (or a legal representative):

I confirm that I have informed the examined person as stated above.

Name and surname of the physician:

Date and signature: _____