

## Request for preparation of preimplantation genetic diagnosis – the partner, relatives

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

|   |  |  |    |
|---|--|--|----|
| <b>Personal data:</b>   |  | <b>Requesting physician:</b>                             |    |
| Name:<br>Surname:<br>Date of birth:<br><br>Address:   |  | (name, address, signature, stamp)                        |    |
|   |  |  |    |
| <b>Primary sample:</b>  |  |  |    |
| Peripheral blood (5ml of non-coagulated blood in K3EDTA)<br>Other: _____  |  | DNA isolated from: _____                                 |    |
| <b>Date and time of sample:</b>   |  | <b>Date and time of request (if it is different):</b>    |    |
|   |  |  |    |
| <b>Clinical data (is this Person affected by the disease?):</b>   |  |  |    |
| <b>Has the Person been tested?</b>  |  | YES  | NO |
| If YES, then please send the laboratory report  |  |  |    |
| <b>Results of genetic examinations:</b>   |  |  |    |
|   |  |  |    |
| <b>Patient, that the PGD is being prepared for:</b>   |  |  |    |
| Name and surname:   |  | Date of Birth:   |    |
| Diagnosis (the disease that will be detected by PGD):   |  |  |    |
| Relation of the Person to this patient:   |  |  |    |
| <b>The Person agrees with:</b>  |  |  |    |
| the examination of the sample   |  | storage of sample in DNA bank                            |    |
| use in internal/external quality control  |  | use for scientific purposes                              |    |
| disclosure of incidental findings   |  | 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                 |  |  |    |
| <b>Záznamy laboratoře:</b>  |  |  |    |
| 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 diagnosis (PGD).

**Patient, that the PGD 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: \_\_\_\_\_