

Informed consent with molecular genetic testing

I agree that my peripheral blood sample will be tested at the Center of Medical Genetics and Reproductive Medicine GENNET, Ltd. (The Center), focusing on:

Preconception gene panel - CarrierTest CarrierTest – compatibility with partner

The purpose of the CarrierTest is to determine whether I am a healthy carrier of a pathogenic variant for a genetic disorder. Some genetic variants tested can affect my reproductive health and its treatment. Most disorders screened for by the Carrier Test panel focus on genetic conditions that present early in my offspring life just in case my partner is carrier of the same condition. A negative result reduces, but not completely eliminate the risk to be a carrier for the tested conditions.

The results of this test may impact my medical care and the availability of reproductive options and treatment.

I wish to communicate the results.

YES NO

I wish to communicate the incidental findings.

YES NO

I agree with the banking of my sample in the Center for the purpose of eventual additional testing at a later date depending on the progress of research in this area.

YES NO

I agree with the possible use of my sample for research purposes.

YES NO

I agree with the possible use of my sample for internal / external quality control.

YES NO

I ask for disposal of my sample after completion of testing.

YES NO

I confirm with my signature that I had the opportunity to study in detail this statement and to ask the health care any related issues. My questions were understandably answered to my satisfaction. I declare that I have no further questions, I understood the statement and agree with the tests, which certify below by my own signature.

Patient name (print)

Date of birth:

Patient signature/date:

Certify that I have instructed the patient, as indicated above.

Health provider name:

Signature/date: