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DIAGNOSTYKA laboratoria medyczne
...więcej niż wynik

Informed Consent Form
for genetic testing

Purpose of test (indications):	

Patient details:

First name:		Medical Records No.:	☐☐ ☐☐☐☐/ ☐☐
Surname:		Sex:	M ☐ F ☐
Date of birth	☐☐ / ☐☐ / ☐☐☐☐ day month year	PESEL: (for individuals without PESEL, enter type and number of other personal ID document)	

Contact details - address and telephone number: (for underage and incapacitated patients, full name and address of their legal guardian)	

Details of biological sample:

Type of sample	☐ blood	☐ fibroblasts	☐ trophoblast	☐ amniotic fluid	☐ other

Informed Consent Form

In order to isolate DNA/RNA and perform molecular/cytogenetic tests for diagnostic purposes to identify abnormalities in DNA in connection with suspicion / clinical diagnosis of:

.....

☐ I represent that I have been informed by the physician ordering the test about the nature of the suspected condition and the significance of the molecular /cytogenetic tests for the diagnosis, and about the confidentiality of the test result,

or

☐ I represent that I wish to exercise my right under Article 9.4 of the Patients' Rights and the Patient Ombudsman Act of 6 November 2008 and had knowingly resigned from being provided by my physician with the information referred to in Article 9.2 of that Act relating to the significance of the planned genetic test for diagnostic purposes and the nature of the condition which the test may help to detect prior to consenting to the above test.

☐ I consent / do not consent* to storing isolated DNA after the diagnostic tests are completed subject to confidentiality of data.

☐ I consent / do not consent* to my DNA being used for scientific research to gain a deeper understanding of the molecular background of genetic diseases subject to anonymity of data.

In addition, I have been informed that:

- the test result may indicate that it is advisable to take biological samples from other family members (to increase diagnostic significance),
- the test result may help to establish whether my family members are carriers of a genetic disorder,
- the test result may help to establish the genetic risk for a particular disease in the family, including in the extended family (if practicable),
- in some cases the test result will be non-informative, the test will fail for technical reasons or the DNA will be compromised, making it necessary for the samples to be taken again,
- the test result may reveal an abnormality in the tested gene other than the abnormality which is significant for the suspected or diagnosed disorder specified above,
- if an underage patient becomes of age between the date of taking the sample and the date of presenting the test result, he or she will need to sign an additional Informed Consent Form before receiving the test result,
- I may withdraw my consent for storing isolated DNA and its use for scientific research at any time.

☐ I am aware that once the sample is taken from me for testing and I have signed this Informed Consent Form, the service commences (and starts generating expenses) and therefore my withdrawal (if any) from the test, although it will stop any test procedures, it will not entitle me to claim a refund of the fee for the test, whether in whole or in part.

☐ I consent to being informed of the risk of a pathological development in case of identifying any so-called unexpected abnormalities. I am aware that the service provider is under no obligation to inform me of the risk of such so-called unexpected abnormalities.

..... Full name of patient / legal guardian* consenting to sample collection	..... Signature of patient / legal guardian*	..... Date
..... Signature of physician	..... Date	

* delete as applicable