

Workplace address:

Genetika Plzeň, s.r.o., Parková 1254/11a, 326 00 Plzeň
Phone: +420 377 241 529, 603 174 793

CONSENT OF THE EXAMINED PERSON (LEGAL REPRESENTATIVE) WITH GENETIC LABORATORY EXAMINATION

Name of the examined person:

Date of Birth:

1. DECLARATION BY THE EXAMINED PERSON:

I confirm that I have been provided with genetic counselling on the genetic laboratory tests. All information has been given and explained to me comprehensibly, properly, and calmly and I have had sufficient time to consider it. I have had the opportunity to ask the physician whatever I needed to understand or what was important to me.

2. I AGREE TO PERFORMING THE FOLLOWING EXAMINATIONS:

Cytogenetic examinations: Karyotype array CGH FISH Other

Molecular genetic examinations:

Examinations for the following diseases:

Immunologic examinations Spermogram

Sample type: Peripheral blood Amniotic fluid Buccal swab CVS (villi) Ejaculate Other

3. I CONSENT TO THE FOLLOWING:

I wish to be informed of any unforeseen significant findings (including being identified as a carrier of a hereditary disease) that are unrelated to the primary diagnosis.

YES NO

4. I CONSENT TO THE FOLLOWING

I consent to utilizing my stored samples for quality control of DNA analyses. I further consent to utilizing my samples, the results of the genetic analyses, and any relevant medical information for scientific and educational purposes, provided that all use and/or publication thereof will be kept entirely anonymous.

I have decided that upon completion of analyses, my sample(s) shall be handled as follows:

- When feasible, my sample(s) may be stored for potential future analyses performed towards the favour of myself and my biological relatives. Prior to any genetic testing performed for purposes other than those specified above, I shall be properly informed, and the examination may be carried out only with my new informed consent. The samples will be usually stored for another five years.
- Following the genetic laboratory examination, the sample(s) will be destroyed assuming the risk that it will no longer be possible to verify the results of the examination in the future and that, if needed, new sampling will be necessary for additional genetic examination.

Based on the information given above, I declare my consent to the specific genetic laboratory testing that shall be performed under the above stated conditions which I fully understand.

Name of the legal representative: Date of Birth:

Relation to the examined person:

Clinician's name:

Signature: Date:

Signature of the examined person (legal representative): Date:

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