

## INFORMED CONSENT FOR DNA ANALYSIS

Parent Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Referring physician: \_\_\_\_\_

1. Child Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: male/female

2. Child Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: male/female

I have had genetic counselling about the genetic basis and the molecular genetic analysis regarding

\_\_\_\_\_

I have had the opportunity to ask all questions I had and I received and understood the answers given in a detailed discussion.

I consent to a peripheral blood sample being taken for DNA extraction and for molecular genetic analysis. I was informed about the minimal risks during the biological sample taking and the possibility that a second sample may be required.

I will be informed in writing about the results obtained by the molecular testing.

I consent to the remaining DNA material being preserved in a DNA bank and used for research purposes.

I consent to the use of the results obtained during the analysis for research purposes and to be published in research journals after complete anonymization of my personal data.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_