



## Requisition and Consent Form for the Performance of a Genetic Analysis (general)

I, \_\_\_\_\_, DOB \_\_\_\_\_, confirm that I have been informed  
Last name, first name (in block letters)  
about the nature, scope and significance of the planned genetic analysis.

I consent to the genetic testing to be conducted on the sample taken from me/my child/the person I represent

\_\_\_\_\_, DOB \_\_\_\_\_,  
Last name, first name (in block letters)

regarding the following indication/question

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Factor V Leiden</b>                        | <input type="checkbox"/> <b>Lactose Intolerance</b> | <input type="checkbox"/> <b>Apolipoprotein E</b>                  |
| <input type="checkbox"/> <b>Factor II Prothrombin</b>                  | <input type="checkbox"/> <b>KIR-Genotyping</b>      | <input type="checkbox"/> <b>Hereditary Hemochromatosis</b>        |
| <input type="checkbox"/> <b>MTHFR</b>                                  | <input type="checkbox"/> <b>HLA-C</b>               | <input type="checkbox"/> <b>Statin-induced Myopathy (SLCO1B1)</b> |
| <input type="checkbox"/> <b>Cardiogenetics</b> (please specify): _____ |   |   |
| <input type="checkbox"/> <b>Other:</b> _____                           |   |   |

The report will be sent in written form to the referring physician, who will also be communicating the test results (§71 GTG, Austrian Genetic Engineering Act). I may withdraw the consent or parts thereof in written manner at any time. I have the right not to be informed about the test results at all.

If the analysis cannot be conducted in our laboratory, it may be carried out by another diagnostic laboratory in Austria or abroad.

- I do not wish for my samples to be used in pseudonymized form for quality controls or scientific purposes
- The report may also be sent to the following physician

\_\_\_\_\_  
Name, speciality, address

In rare cases, genomewide genetic testing may reveal diseases or predispositions to diseases that are not directly related to the above-stated indication (incidental findings).

- I wish to be informed about incidental findings

\_\_\_\_\_  
Location, date      Name and signature of the person to be analyzed/parent/legal guardian/authorized representative

\_\_\_\_\_  
Location, date      Name, signature AND STAMP AND **E-MAIL ADDRESS** of the referring physician

**CODE CHOSEN BY THE PHYSICIAN TO ENCRYPT THE REPORT (ASCII signs)**    \_ \_ \_ \_ \_

According to §69 of the Austrian Genetic Engineering Act (GTG), genetic analyses of types 2-4 as well as prenatal tests may only be conducted if there is a written consent that is signed by the person to be tested/the parent/legal guardian/authorized representative. The individual must first be informed about the nature, implications, and significance of the genetic test by a specialist trained in human genetics/medical genetics or by a specialist responsible for the relevant medical field. Based on this information, the person must give the free and informed consent to the genetic analysis.