

Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten		
		geb. am
Kassen-Nr.	Versicherten-Nr.	Status
Vertragsarzt-Nr.	VK, gültig bis	Datum



**MEDIZINISCHES  
LABOR NORD**

**Humangenetik**

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- Praxisstempel -

## Informed Consent in accordance with the German law (GenDG)

I have received a detailed explanation of benefits and disadvantages of genetic investigations and I have understood about it. With my signature I hereby give my consent to the recommended genetic investigations and to the necessary sampling (blood, amniotic fluid etc.).

- I have been informed by my doctor concerning the significance and consequences of the below mentioned investigations,
- Before my consent I had sufficient time to reflect about the below mentioned investigations,
- I have the possibility to revoke this consent or to stop the investigations at any time, only the service performed by then will be settled,
- I agree with the requisite taking of samples.

### Required genetic investigations

- I have been informed that immediate destruction of the samples after the investigations is regulated by the German law (GenDG).
- I agree with the preservation of the samples for verification of the results if needed or for further genetic testing for diagnosis.
- I agree with the storage of samples for laboratory analytical quality control measures or scientific purposes.
- I agree with the sending of the reports to my attending doctors.
- I agree with the transmission of the analytical order – if necessary – to a specialized cooperating medical laboratory.
- I transfer the remaining sample material according to § 950 BGB to the laboratory which conducted the investigations.

*(Please delete where inapplicable)*

\_\_\_\_\_  
(Location/date)

\_\_\_\_\_  
( Signature of physician)

\_\_\_\_\_  
(Signature of patient / legal representative)