



### Counselling

I would like to make use of a genetic counselling offer **before** genetic testing:  yes  no

I would like to make use of the genetic counselling offer **after** the results of genetic testing are available:  yes  no

**Waiver:** I decline the offer of genetic counselling after receipt of the written information about the contents of the counselling.  yes  no

Place, date:

**Patient's signature**  
or legal representative

### Patient Consent

Regarding the disease / disorder / diagnosis \_\_\_\_\_ and the planned testing \_\_\_\_\_

the genetic background, prophylaxis/prevention/treatment possibilities as well as purpose, nature, scope and information value of a possible genetic diagnosis including the risks attached to the taking of samples and/or the tests have been made sufficiently clear to me and counselling in these matters was adequate.

### Reporting

I agree to be informed on findings which at the moment are unclear with respect to a presumed diagnosis, but have based on available information the potential to become diagnostic in the future (Information about variants of unclear significance VUS, class 3 variants).  yes  no

I want to be informed about diagnostic incidental findings which are beyond the initially defined focus of the analysis if they are included in the ACMG list of recommended incidental findings (Green et al. 2013; Genetics in medicine 15:565). The ACMG selection is based on diseases for which a treatment or preventive actions can be defined.  yes  no

In addition to the above mentioned ACMG selection I also want to be informed about incidental findings, not included in the ACMG list. I am aware that for these diseases a treatment option or preventive action is not available yet. (This option is not available for prenatal testing. For minors, only diseases with an onset before the age of 18 will be reported).  yes  no

### Data storage and use

I am aware that archiving my personal data and all data regarding the analysis is required by German law for 10 years after completion of the analysis.  yes  no

In addition to the archiving period of 10 years according to the German law (Gendiagnostikgesetz) I ask SYNLAB to store the data beyond this period.  yes  no

I allow SYNLAB to use all data collected during the analysis including clinical information to be incorporated in the SYNLAB inhouse database to further improve analysis and interpretation of diagnostic assay and variant interpretation. All data will be pseudonymized.  yes  no

I agree to the sharing and use of clinical data, results and generated data for scientific purposes inside or outside the SYNLAB Group.  yes  no

### Sample storage

I am aware that in routine procedure my sample will be deleted after completion of the analysis and not available for any further tests.  yes  no

I ask SYNLAB to archive the collected sample beyond the end of the analysis for its use in eventual further analyses, but also for pseudonymized in house quality controls and contribution to scientific requests from inside or outside the SYNLAB Group.  yes  no

I was advised that I am entitled to withdraw my agreement in whole or in part without giving reasons and without any penalties resulting from this withdrawal. I know that I have the right not to be informed of the examination result(s) (Right not to know). I was advised that I can stop the commenced examination procedure until the communication of the results at any time and that I can demand the destruction of all of my examination material including all components extracted from it. I can as well ask for the deletion of all results and findings obtained so far, if they are not required for legal test documentation.

Place, date:

**Patient's signature**  
or legal representative