

Ref.

## Informed Consent for Genetic Testing

Document for patient's file of the referring physician

**Patient:**

**Referring Physician:**

Name: .....  
 Prenom: .....  
 Date of Birth: .....

Name: .....  
 Address / Stamp: .....

I confirm that I have received genetic counselling according to the Swiss federal law on human genetic analyses (LAGH) and adequate time was allowed for questions and reflection.

I hereby agree to have the indicated genetic test(s) performed:

Molecular genetic testing for (name of disease): .....

- My decision for the sample after the test is completed:
- If possible, my samples(s) should be stored for future analysis in my interest, only on my request.
- My samples(s) may be used anonymously (without knowing my name) for medical research purposes, the results of which are withheld and remain confidential.

Other: .....

Place and date, signature of the patient

Place and date, signature of the referring physician:

.....  
 I have given an appropriate explanation of the test to this

**Genetic Testing – Legal Background**

Since April 1, 2007 the federal law on human genetic analyses (LAGH; SR 810.12) and the regulation on human genetic analyses (RAGH; SR 810.122.1) regulate the preconditions to carry out genetic tests. In addition to the requirements for the laboratories to carry out the respective analyses, preconditions are the obligation of the referring physician to inform the patient, the guarantee of sufficient genetic counselling and the written informed consent of the patient. The above written consent allows us to comply with these federal regulations. For further information, please contact Prof. Dr. P. Mieser, M.D.

**Switzerland**  
*diagene gmbh*, Routine Laboratories  
 Kägenstrasse 17; CH-4153 Reinach (BL)  
 Tel.: +41 61 7118 580, +41 79 7086 617 (24hrs); Fax: +41 61 7118 581  
 E-mail: info@diagene.com, http://www.diagene.com, http://www.diagene.ch  
**Bank Account:** Basellandschaftliche Kantonalbank, CH-4153 Reinach (BL)  
 Account no. 16 2.062.395.92, Clearing 769, EBAN: CH6100769016206239592  
 SWIFT: BLKBCH33, BIC Account no. 40 44 0

**Germany**  
*diagene gmbh*, Routine Laboratories  
 Innocel Innovation Center, Marie Curie-Strasse 8, D-79539 Lörrach  
 Tel: +49 7621 5500 580, Fax: +49 7621 5500 581  
 E-mail: info@diagene.com, http://www.diagene.de  
**Bank Account:** Deutsche Bank, D-79539 Lörrach, Deutschland