

Informed Consent for Genetic Testing

According to Biomedical Investigation Law 14/2007, we request your consent to:

- 1 – Perform laboratory genetic tests in biological samples (blood, tissues, and others), to determine if you and/or members of your family have a mutation in a gene or a loss or gain of genetic material associated with a specific genetic disease.
- 2 – Personal data and tests results will be only open to authorized staff.
- 3 – Doctors requesting these tests have to provide genetic counseling to you, considering tests results. Reference Laboratory can help to interpret tests results.

Signatures

My signature below acknowledges my voluntary participation in these tests.

I understand that biological samples will be used for the purpose of attempting to determine if I and/or members of my family are carriers of the disease gene, or are affected with, or at increased risk to someday be affected with this genetic disease.

.....
Patient / father / mother / guardian, first name and family name

.....
Place and date

.....
Signature

.....
Health Care Provider's name and signature

.....
Date

Patient Name: Birth Date:
