

Laboratorium Klinische Genetica

Consent form for genomic diagnostic testing (gene set/WES/WGS)

Patient*
First name and surname _____
Street and house number _____
ZIP code and address _____
Date of birth _____
Gender m / f _____
BSN _____

X-number: _____

- * For trio-sequencing and/or patients under the age of 16, please fill in the details of parents and/or legal guardians.
For trio-sequencing, one completed consent form is sufficient, provided both parents' co-sign.

Parent 1 / legal guardian*
First name and surname _____
Street and house number _____
ZIP code and address _____
Date of birth _____
BSN _____

Parent 2 / legal guardian*
First name and surname _____
Street and house number _____
ZIP code and address _____
Date of birth _____
BSN _____

I hereby give permission for my DNA/the DNA of the person for whom I am the legal guardian to be stored and tested by gene set and/or whole exome sequencing (WES) and/or whole genome sequencing (WGS) for the following disorder:

Incidental findings

During consultation It was explained that incidental findings are reported as follows:

- The predisposition to a disorder will be reported if medical treatment or monitoring is possible.
- The predisposition to a disorder will **not** be reported if, our actual information suggests that no medical treatment or monitoring is possible.
- If an incidental finding has been identified that presents a high risk of a disorder not for me but for my (unborn)child, this will be reported.

Only to be completed by the applicant in the event of nonconformity from the above agreements

If other agreements were made during the consultation about reporting incidental findings, please list them below:

The predisposition to a disorder for which medical treatment or monitoring is possible is **not** reported (=opt-out).

The predisposition to a disorder for which, our actual information suggests that no medical treatment or monitoring is possible, is reported (=opt-in).

If there is a high risk of a disorder for the (unborn)child, this will **not** be reported (=opt-out).

Remarks:

Laboratorium Klinische Genetica

Future contact

It is possible that new data and information of importance to you could become available in the future. I can indicate if I wish to be informed about this or not.

Make your choice:

The Clinical Genetics Department may contact me in the future regarding new data or information which becomes available.

The Clinical Genetics Department may **not** contact me in the future about new data or information which becomes available.

General and signatures

I have been informed both verbally and in writing about extensive genomic diagnostic testing.

I fully understand that I have the option to change or withdraw my consent at any time.

Sign here

Patient's name*

Patient's signature*

Name of parent 1 / legal guardian*

Signature of parent 1 / legal guardian*

Name of parent 2 / legal guardian*

Signature of parent 2 / legal guardian*

Date _____

* Patients under the age of 12 are not required to sign in person: the signature of both parents/legal guardians will suffice. For patients between the ages of 12 and 16, both parents/legal guardians co-sign with the patient if possible. A signature from both parents is required for trio sequencing.