Maastricht UMC+

Laboratorium Klinische Genetica

Consent form for extensive genomic diagnostic testing

Patient*

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

STICKER PLAKKEN

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 _____

STICKER PLAKKEN

Parent 2 / legal guardian*

First name and surname _____
Street and house number _____
ZIP code and address _____
Date of birth _____
BSN _____

STICKER PLAKKEN

I hereby give permission for my DNA/the DNA of the person for whom I am the legal guardian to be stored and tested for the following disorder:

_____

Unsolicited findings

During consultation it was explained that unsolicited findings are reported as follows:

- The predisposition to a disorder will be reported if medical treatment or monitoring is possible.
- If an unsolicited finding has been identified that is likely to present 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 unsolicited findings, please list them below:

☐ The predisposition to a disorder for which medical treatment or monitoring is possible is **not** reported (=opt-out).
☐ If there is a high risk of a disorder for the (unborn) child, this will **not** be reported (=opt-out).

Remarks:

_____

_____

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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.

Scientific research

Your remaining genetic material and/or that of your child can be used (without any personal data) for scientific research on your disorder and related disorders. You do not directly benefit from this. On an odd occasion a researcher may discover something that could be important to your health or that of your family members. The doctor will inform you about this.

Make your choice:

☐ I give my consent to scientific research being conducted on my disorder and related disorders.

☐ I do not give consent to scientific research being conducted on my disorder and related disorders.

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 form both parents is required for trio sequencing.

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