

Workplace address:

Genetika Plzeň, s.r.o., Parková 1254/11a, 326 00 Plzeň

Phone: +420 377 241 529, 603 174 793

DISAGREEMENT WITH GENETIC LABORATORY TESTING

Patient's name:

Date of Birth:

1. Purpose of genetic laboratory testing

Verification/confirmation of a diagnosis.....

Determination of predisposition for a disease.....

Carrier detection for a disease.....

Determination of a disease in an unborn child.....

Expected benefit of this examination

2. Physician's statement

I declare that I have clearly and comprehensibly explained the purpose, nature, expected benefits, consequences, and possible risks of the above stated genetic laboratory testing to the examined person (his/her legal representative). I have also informed the examined person about the possible results and consequences if the test could not be performed (failed) or it would not be informative to fulfil the pursued purpose. I have informed the examined person (legal representative) about the possible risks and consequences of refusing the examination. The results of the laboratory testing will be confidential and will not be disclosed to third parties without the consent of the person/legal representative, unless otherwise provided for by applicable law.

Physician's name..... Signature..... Date

3. Proposed genetic laboratory testing

Cytogenetic testing:

Karyotype (chromosomal analysis).....

Other.....

Molecular genetic testing:

Diagnostic.....

Other.....

Sample type:

Venous blood Amniotic fluid Placenta Saliva Tissue: skin, muscle Blastomere Umbilical blood

Based on this information I declare I do not agree with the above mentioned genetic laboratory testing and I am aware of all consequences I have been informed about.

Signature of the examined person (legal representative) ID of the legal representative.....

Relationship to patient..... In..... Date

4. Declaration of the witness

I confirm that the examined person refused to sign disagreement with the proposed genetic laboratory testing.

Signature of the witness..... In..... Date.....