INSTITUTE OF
IMMUNOLOGY AND GENETICS
HUMAN GENETICS I PATHOLOGY

Dr. med. Bernhard Thiele
Specialist in laboratory medicine, Specialist in immunology
Prof. Dr. med. Wolfram Henn | Dr. med. Sabine Hentze
Specialists in human genetics
Dr. med. Konrad Becker
Specialist in pathology
Phone: ++49(0)631/31670-0 Fax: ++49(0)631/31670-20
E-Mail: office@immungenetik-kl.de

Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Consent form for genetic testing

Name of person being tested:_____

Name of person giving consent, if different:_____

Genetic condition(s) to be tested for:_____

I request and authorize the Kaiserslautern Institute of Immunology and Genetics to test my (or my child's or my fetus, or my ward's) sample for the above-listed genetic condition(s).
My signature below constitutes my acknowledgment that the benefits, risks, and limitations of this testing have been explained to my satisfaction by a qualified medical professional, including the following information:

1. DNA test results may:
   a) Diagnose whether or not I have a condition or am at risk for developing this condition;
   b) Indicate whether or not I am a carrier for this condition;
   c) Predict another family member has or is at risk for developing this condition;
   d) Predict another family member is a carrier of this condition;
   e) Be indeterminate due to technical limitations or familial genetic patterns; or
   f) Reveal non paternity.
2. This DNA test will only test for the specific disease(s) or condition(s) listed above. It may not detect all possible mutations within this gene or chromosome, nor will it detect mutations in other genes.
3. The significance of a positive and a negative test result based on my reported family history has been explained to me by a qualified medical professional, and I have access to genetic counseling upon request.
4. Several sources of error may yield imprecise information, including: clinical misdiagnosis of the condition, sample misidentification, sample contamination, and inaccurate information regarding family relationships.
5. Unexpected genetic findings may occur. They should be disclosed to me if they are of medical relevance.
6. Participation in DNA testing is completely voluntary. Because of the complexity of DNA-based testing and the implications of the test, results will be reported to me only through the physician or genetic counselor that I designate.
7. The result reports are strictly confidential, and will only be released to other medical professionals or other parties with my written consent.

(date) _____ (signature) _____