

Patient's number:

I also wish the following:

I wish / I do not wish to be informed about the results of the genetic laboratory testing

I wish that the following persons shall be informed of the results of the testing:

Name and surname:.....

Address of the authorized person:.....

I agree / I do not agree that I am listed in the patients' registry

I agree / I do not agree that my DNA shall be retained in the laboratory for the purpose of another possible analysis depending on the advances in research which will be performed to my advantage and the advantage of my family. If I do not agree the sample will be destroyed with a risk that the result of the examination will not be possible to verify again in the future and a new collection of the material for the genetic testing will be needed.

I agree / I do not agree with anonymous use of DNA for medical research and with publication of the obtained results in the scientific publications

Based on this information I agree that the relevant sample shall be taken from my body and the above described genetic testing shall be performed.

I am aware that I can withdraw my consent any time.

I declare I understood all data, information and consents I had been provided and explained.

In date

Signature of the examined person.....

Name of legal representative:..... Personal ID:.....

Relation to the examined person:.....

Signature of the legal representative.....