

Name, Address / Official seal / of the Institute / Physician

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Informed Consent to Perform Genetic Testing for Medical Purposes

I, born on herewith confirm,
(First Name and Last Name of the Patient) (Date of Birth)

that I have been informed by Dr.
(Name of Physician or Authorized Delegee)

about the purpose, effectiveness and significance of the planned genetic test and that I have received a comprehensive explanation of the benefits, risks, and limitations to understand the implications of this genetic test.

I consent to have a sample taken for genetic testing on the above-named patient /

on my
(Degree of relationship) (First Name and Last Name)

born on

for the condition(s) of

I know that I have the right of withdrawal and that I can declare anytime not to be informed about the results and possible consequences of this genetic testing.

YES NO I agree that the results of this genetic testing can be used for counseling and/or examination of relatives.

YES NO I agree that the specimen and/or biological samples extracted thereof will be stored for future use to verify results or to conduct additional testing if applicable.

YESs NO I further agree that any leftover specimen / biological sample will be retained by the laboratory for research use.

In case of genome-wide genetic testing, results without direct connection to the initial clinical diagnosis (condition for referral) might be obtained:

YES, I want to be informed about relevant additional finding(s).

I want to be informed about relevant additional finding(s), ONLY if therapy or prevention is possible.

NO, I do not want to be informed about relevant additional findings.

.....
(Place, Date)

.....
(Signature of Patient or Parents / Legal Guardian)

.....
(Signature of Physician or Authorized Delegee explaining the above information)

According to **Austrian Law (Gentechnikgesetz §69)** genetic testing for medical purposes requires that patients / persons in search of advice (i) have to be informed in advance about the purpose, significance, and risks of the planned genetic testing by a specialist („Facharzt“/„Fachärztin“) either in Human Genetics / Medical Genetics or in the appropriate field depending on the medical indication and (ii) have to give voluntary, informed consent to perform genetic testing.