MEDIZINISCHE UNIVERSITÄT WIEN

Universitätsklinik für Neurologie
Leiter: Univ.Prof. Dr. Thomas Berger

Abteilung für Neuropathologie und Neurochemie
(Obersteiner Institut)
Abteilungsleiterin: Assoc. Prof. Dr. Romana Höftberger
Medizinischer Universitätscampus Wien - Ebene 4J, Währinger Gürtel 18 – 20, A-1090 Wien, Österreich
www.kin.at DVR: 0797154

Informed consent for genetic analysis

Version: 2020-02-04

FAMILY Name, first name:		**Referring hospital (incl. FAX):**
Date of birth:	☐ **female** ☐ **male**	

Clinical information	
▪ *Index patient known* Relationship:_____ Mutation (if known): Gene:_____ Mutation:_____	Indication/diagnosis:

Consent:

I agree that

☐ on my own

☐ on my representative _____

a genetic examination on a blood sample is carried out to clarify the above-mentioned clinical symptoms.

I confirm that I have been informed about the risk of intervention and the nature, scope and significance of the planned analysis.

The consultation was carried out by a medical specialist in medical genetics/human genetics or a specialist responsible for the area of indication:

☐ yes, by a medical specialist for _____

Additional findings:

The scope of examination depends on the question regarding the above-mentioned clinical symptoms. In individual cases, however, the investigation may also reveal findings that are not directly related to the original question. It may also be possible to find alterations which may have an effect on hereditary predispositions, which cannnot be ruled out without further investigation.

I have been made aware of the possibility of additional findings and would like to be informed about them.

☐ Yes, if there is a therapeutic consequence.

☐ Yes, in any case I would like to be informed about all results.

☐ No, I do not want to know the results.

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Documentation and information:

In accordance with § 71a GTG, you can object to the documentation of results in physician's letters and medical records, including electronic systems for recording findings for Type 2 and Type 3 examinations. **After being informed about the possibility of objection, I agree to the documentation of the results.**

☐ Yes
☐ No

I am aware that even after having given my consent to the genetic analysis, I may inform you at any time that I do not wish to be informed about the results of the analysis and the consequences derived from them.

☐ Yes
☐ No

Sample storage:

After completion of the analyses, remaining sample material is kept stored (e.g. for possible future diagnostic purposes), unless other instructions have been given. Remaining material can also be an important source for research and developmental work in the field of medical genetics and for quality control studies. This would make the material anonymous in such a way that a subsequent assignment to a person is impossible.
I agree to a possible use of remaining sample material for scientific purposes or for quality control purposes in anonymised form.

☐ Yes
☐ No

If novel analysis methods should arise in the future for clarifying the above-mentioned clinical symptoms, I agree that such analyses are carried out. If the findings could be of importance to me or my representative, I agree that I may be contacted in this regard.

☐ Yes
☐ No

If the analysis at the Division of Neuropathology and Neurochemistry is not possible, I agree that the sample is sent to another diagnostic laboratory in Austria or abroad.

☐ Yes
☐ No

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☐ **I am aware that I can revoke this declaration of consent or parts thereof at any time.**

Place, Date and **signature** of patient or legal representative **Name** in **CAPITAL LETTERS**

Date and **signature** of referring physician **Name** in **CAPITAL LETTERS**

TEL: (+43-1) 40 400 - 55210 (Leitstelle), - 55010 (Sekretariat), - 55200 (Neuropathologie), - 55170 (Neurochemie), - 55140 (Neuroimmunologie), - 70090 (Neurochemische Liquoranalytik), - 70240 (Neuromolekularbiologie 4L) FAX: (+43-1) 40 400 - 55110 (Abteilung)