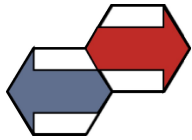


Patient data (or stick a label here)			Center for Nephrology and Metabolic Disorders
Name	First name		
DOB	Phone	Molecular Genetic Laboratory	
Street	City	Director Dr. Mato Nagel (Nephrologist)	
ZIP	Country	Werner Seelenbinder-Str. 73	
		D-02943 Weisswasser/Germany	
		phone: +49-3576-215522	
		fax: +49-3576-215524	
		email: labor@moldiag.de	

Muster 2016.01en

Consent and Information Form

According to German law this is required from January 2nd, 2010.

I give my consent to have my sample sent to Laboratory for Molecular Diagnostics at the Center for Nephrology and Metabolic Disorders (Moldiag) for DNA testing for the above-designated genetic condition.

I have discussed the principles, the benefits and the risks of this testing with a physician/genetic counselor, and I have had my questions answered.

I understand the following benefits, risks and limitations:

1. While DNA testing is a valuable diagnostic tool, it may not always give a definite answer about the genetic status of an individual. More specific information will be reported to me with the results of the test.
2. This DNA test is specific only for the condition named above.
3. While mutation and/or linkage analysis often gives precise information, there are several possible sources of error. These include, but are not limited to, clinical misdiagnosis of the condition, sample misidentification, incorrect paternity identification, and sample contamination.
4. The test is complex, may not be FDA approved, and may use some reagents produced for research purposes only. There is always a possibility that a diagnostic error may occur. In addition, the laboratory may have difficulties analyzing my sample and a second sample may be requested.
5. The test may reveal previously unrecognized biological relationships, such as nonpaternity. DNA tests also may reveal a genetic condition in another family member.
6. After the DNA testing of my sample is completed, it may be used anonymously for medical research. Please circle here: Yes No Refusal to permit use of my sample for research will not affect this test procedure. **I am free to withdraw this consent at any time without prejudice to future care. I can withdraw my consent by calling the laboratory director.**
7. There will be a fee for this DNA testing _____ (initial).
8. DNA testing may involve emotional stress and may result in discrimination (insurance or work-related). The results of this testing will be treated in the standard medically confidential manner. We are obligated to release test results to your insurance provider if the provider asks for them in order to pay for the test.

9. Follow-up genetic counseling is available.
10. I agree that my sample anonymously can be further used for biomedical research. (strike out this point if not acceptable)
11. According to German law samples and summary reports have to be destroyed after 10 years. I agree that my sample and data can be kept for further use, so my family can profit from it. (strike out this point if not acceptable)

I can decide not to receive the results of the test, but I will still have to pay for the test. In the event of physical injury resulting from this procedure the Moldiag is not able to offer financial compensation or to absorb the cost of medical treatment. However, necessary facilities, emergency treatment and professional services will be available just as they are to the community generally.

Date

Signature of Patient or Legal Guardian

Name

Signature
