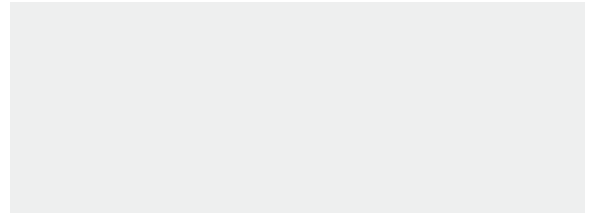


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Name and Date of Birth

Informed Consent for Genetic Analyses

I have been informed by my doctor about the significance, risks and limitations of the requested investigation and had ample time to ask questions.

I hereby agree to the genetic analysis of the following clinical diagnosis or indication

on behalf of myself or the person in my legal custody.

Storage of the samples

According to German law the sample has to be discarded after completion of the final report. In order to allow reexamination, the samples will be stored for an adequate period of time and then disposed (= legal time-span).

- I consider the legal time span of storage to be sufficient.
- I wish my sample to be stored **beyond the legal time-span** (max. 10 years).

Use of the samples

- I allow my sample to be exclusively used for the above mentioned course of analysis.
- I allow my anonymized sample **to be used for research and quality control purposes**.

Storage of the results

According to the German law the results of the analysis have to be destroyed after 10 years of storage (= legal time-span). However, the results may be important for human genetic counseling of children or other relatives of the patient after this period of time.

- I consider the legal time-span of storage to be sufficient.
- I wish the results to be stored **beyond the legal time-span**.

I have the right to withdraw this consent at any time by contacting the referring physician. The results of this investigation are communicated according to german law by my referring doctor.

Date, Place

Signature of the patient or guardian

Signature and stamp of the referring physician