

INFORMED CONSENT FOR PERFORMING GENETIC ANALYSIS

(Minors and people with legal guardians)

The undersigned _____

Date of birth _____ Place of birth _____

Resident in _____ Address _____ Zip code _____

ID: _____ No. _____

Issued on _____ by _____

Telephone: _____ e-mail: _____

AND

The undersigned _____

Date of birth _____ Place of birth _____

Resident in _____ Address _____ Zip code _____

ID: _____ No. _____

Issued on _____ by _____

Telephone: _____ e-mail: _____

Parent(s) or Guardian(s) of _____

Date of birth _____ Place of birth _____

ID: _____ No. _____

Issued on _____ by _____

I/we DECLARE

of having received, during the meeting with Doctor _____ on the date _____, detailed information about the genetic analysis I am about to perform, of having understood and considered all the aspects of the exam and of having understood the benefit and the purpose of the genetic test and its possible limits. I had the chance to ask all the questions I considered worthwhile and I received answers I consider complete. In particular:

- It has been explained to me the test purpose;
- It has been explained to me the test limits;
- I have discussed the possible risks, benefits and limits connected to the test;
- I have understood that the result of the genetic test may have medical and psychological consequences for my family and I;
- I have understood the meaning of possible test results (even unexpected);
- I've been informed about the people who will have access to the biological sample;
- I've been informed about the people who will have access to the test result;
- That I have read the privacy policy made by the Owner in connection with health care service;
- To have the possibility to revoke the consent at any time, by signing the relevant revocation act.

Therefore:

I/we AGREE

To the performing of the following analysis: _____

On biological material: ☐ peripheral blood ☐ buccal swab ☐ Amniotic fluid ☐ Chorionic villi

☐ other (please specify) _____

INDICATION TO THE EXAM

Furthermore:

<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	To be informed about analysis results;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to share the results with Dr _____
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that biological material can be used in the future, in compliance with the current legislation on the protection of personal data, for further investigations for diagnostic purposes for the examined pathology at the centre that performs the analysis;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that biological material can be used in the future, in compliance with the current legislation on the protection of personal data, for further investigations for diagnostic purposes for the examined pathology in other centres, even outside European Union;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about results of further investigations for diagnostic purposes for the examined pathology;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about analysis results even in relation to unexpected news, which may have a benefit in terms of therapy, prevention or awareness about reproductive choices;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	that the biological material and their anonymized reports may be used, in accordance with the current legislation on the protection of personal data, for research and/or statistical purposes, and I authorize the laboratory staff to contact me by telephone to perform follow-up, aimed at the protection of the community in the medical, biomedical and epidemiological fields and for information about the laboratory's services;
<input type="checkbox"/> I agree	<input type="checkbox"/> I DO NOT agree	to be informed about the results of the research.

THEREFORE I/we AUTHORISE

Read the information provided pursuant to GDPR 2016/679 art 13 and 14, which is always available on <https://www.laboratoriogenoma.eu/> I take note that the processing of my personal data and details are processed pursuant to art. 7 and 9, par. 2, lett. a) of Reg. EU 2016-679. The data **will not be disclosed or transferred to third parties** and used only for the purposes of diagnosis and treatment as described in the information.

Date ____/____/____

Patient signature*: _____

I **RELEASE MY CONSENT** to the processing of data pursuant to Article 7 of GDPR 2016/679 and **AUTHORIZE** to provide news related to MY genetic investigations to:

☐ Relatives (first and last name) _____

☐ Physician (first and last name) _____

The undersigned hereby declares that what is written corresponds to the truth and undertakes to communicate promptly any possible change of opinion on this matter.

Date ____/____/____

Patient signature*: _____

The Specialist who collected the consent (name and surname): _____

Phone _____ E-Mail _____

Signature of the Specialist: _____

SELF-DECLARATION AFFIDAVIT (according to art. 46-47 DPR 28.12.2000, n. 445)

The undersigned _____

Date of birth _____ Place of birth _____

Resident in _____ Address _____ Zip code _____

ID: _____ No. _____

Telephone: _____ e-mail: _____

aware of the consequences of making false statements, falsehood of acts and use of false facts,
punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code, under
my own responsibility

DECLARE

- To be a parent of the minor child (first and last name) _____

Born in _____ on _____

- that I have been informed of the provisions governing the expression of consent for children under the age of 18.

- that my status is as follows: ☐ Married ☐ Widowed ☐ Separated ☐ Unmarried ☐ Divorced

- - In the situation of: ☐ Joint custody ☐ Foster parent ☐ Non-custodial parent

- that, for the purposes of the application of art. 317 of the Civil Code, the other parent can NOT sign the consent
because it is absent for:

☐ remoteness ☐ impediment

which makes it impossible for one of the parents to exercise parental responsibility, and thus declares that he or
she is exclusively exercising parental responsibility, as a single parent.

- That for the purpose of the application of Law No. 54 of February 8, 2006 - Provisions on the Separation of
Parents and Shared Custody of Children, Article 1 (Amendments to the Civil Code), limited to decisions on
matters of ordinary administration, the court ruled:

☐ That the undersigned exercises parental authority separately

Other: _____

Read, confirmed and signed,

Date The declarant (signature in full and legible) _____ (Article 38 T.U. on
administrative documentation - Presidential Decree 445/2000)

FILL IN THIS FORM ONLY IN CASE OF REVOCATION OF CONSENT

REVOCATION OF CONSENT

I the undersigned _____

(Parent(s) or Guardian(s) of the minor) _____ taken note that according to article 17 of the Regulation (EU) 2016/679 I have the right to the deletion of personal and specific data I have communicated and for which I have given my consent for the processing, and that this deletion has to happen without unjustified delay in case: a) personal data are not necessary in relation to the purposes for which were collected or otherwise processed; b) does not subsist other legal basis for the processing; c) I oppose to the processing according to the article 21, paragraph 1 of the above mentioned Regulation and does not subsist no right reason prevalent to proceed to the processing, or I oppose to the processing of data according to art. 21 par.2 of the same Regulation (processing of data for direct marketing purposes); d) personal data are illicitly processed; e) personal data have to be deleted to fulfil a legal obligation established by the right of the Union or by the State member to which is subjected the owner of the processing.

NOW, THEREFORE

I the undersigned _____

(Parent(s) or Guardian(s) of the minor) _____

on the date _____ declare to **REVOKE** the consent given in date ____/____/____ related to

(indicate the type of consent given that you intend to revoke) _____

and to be aware about possible consequences deriving from my revoke.

Date _____

Signature of the concerned person _____