

Informed consent to treatment involving comprehensive genetic analysis

Physician's information

Requesting physician, department, hospital: _____

Indication for examination: _____

I have informed this patient/parents/guardian/close relative etc. about the possible results and limitations of comprehensive genetic analysis. We have discussed the implications this may have and the storage of patient data.

Date _____ Name of staff member in block letters _____

My choices

Patient's name: _____ Civil reg. no.: _____

I confirm that I want the genetic analysis to be carried out.

I am informed that even if I am not examined for any other disease than the one that is the object of my diagnostic workup, the comprehensive genetic analysis may still provide results that include information on a significantly increased risk of other diseases (important health-related incidental findings).

I decide as following with respect to important health-related incidental findings (tick off only once):

I want information about important health-related incidental findings even where there is no possibility of prevention/treatment.

I only want information about important health-related incidental findings if there is a possibility of prevention/treatment.

I do not want information on important health-related incidental findings.

However, you should be aware that in very rare cases, there may be incidental findings with such significant health implications for you and your family that your physician may be under an obligation to inform you even if you have chosen not to receive information about incidental findings.

I may be contacted if the place of treatment - after my treatment has ended - obtains new knowledge about my genetic analysis, and it may have health implications for me.

Yes No

Information about my right to make decisions regarding my genetic data

- I am informed that my genetic data are used in my treatment and for purposes that are directly related to this, and that my genetic data may also be used in research projects in accordance with the applicable rules.
- I have been informed that I can always refuse to have my genetic data used for research by registering with the National Database of Non-Consent to the Use of Tissue Samples for Scientific Purposes (Vævsanvendelsesregisteret), and I have received material on this (form). Upon request, I can receive help filling out the form.
- I have been informed that my genetic data are stored with the Danish National Genome Center.

The signed form is returned to the physician who handed it to you

Date Signature(s) of patient/parent/guardian/close relative Signatory's name(s) in block letters