

Patient's Name
Date of Birth
Address
Country



LABOR LADEMANNBOGEN

MEDIZINISCHE EXPERTISE

Human Genetics

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- Doctor's practice stamp -

Postnatal diagnostic testing: cytogenetic/molecular genetic investigations

Samples for cytogenetic investigations

- Heparinized blood: 2 – 5 ml (Chromosome analysis and Fluorescence in situ hybridization studies)
- Oral mucosa cells (Fluorescence in situ hybridization studies)
Please send material in sterile smear test medium (material: 0049 40 / 53805-800)
- Abortion tissue (chorionic villus preferred)
The sampling of material (chorionic villus, umbilical cord etc.) has to be performed under sterile conditions.
Please send the material in a leak proof, small container with sterile physiological saline solution.

Samples for molecular genetic investigations (including array-CGH*)

- Anticoagulated blood (EDTA): 2 ml
- DNA

Sampling date

Indications for diagnostic testing

- | | |
|---|---|
| <input type="checkbox"/> Klinefelter syndrome | <input type="checkbox"/> Microdeletions syndrome (which?) |
| <input type="checkbox"/> Turner syndrome | <input type="checkbox"/> Familial chromosome structural aberration (which?) |
| <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Repeated miscarriages / stillbirths |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Fragile X syndrome |
| <input type="checkbox"/> Monogenic disease (which?) | |
| <input type="checkbox"/> Other | |

Comments

Investigations

- | | |
|---|--|
| <input type="checkbox"/> Chromosome analysis | <input type="checkbox"/> Fluorescence-in-situ-hybridization (which?) |
| <input type="checkbox"/> Array-CGH* | <input type="checkbox"/> QF-PCR (Trisomy 13, 18 and 21) |
| <input type="checkbox"/> Molecular genetic investigations | |

* External laboratory performance



Informed Consent in accordance with the German law (GenDG)

I have received a detailed explanation of benefits and disadvantages of genetic investigations and I have understood about it. With my signature I hereby give my consent to the recommended genetic investigations and to the necessary sampling (blood, amniotic fluid etc.).

- I have been informed by my doctor concerning the significance and consequences of the below mentioned investigations,
- before my consent I had sufficient time to reflect about the below mentioned investigations,
- I have the possibility to revoke this consent or to stop the investigations at any time, only the service performed by then will be settled,
- I agree with the requisite taking of samples.

Required genetic investigations

- I have been informed that immediate destruction of the samples after the investigations is regulated by the German law (GenDG).
- I agree with the preservation of the samples for verification of the results if needed or for further genetic testing for diagnosis.
- I agree with the storage of samples for laboratory analytical quality control measures or scientific purposes.
- I agree with the sending of the reports to my attending doctors.
- I agree with the transmission of the analytical order – if necessary – to a specialized cooperating medical laboratory.
- I transfer the remaining sample material according to § 950 BGB to the laboratory which conducted the investigations.

(Please delete where inapplicable)

(Location/date)

(Signature of physician)

**(Signature of patient /
legal representative)**