MedGen
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# GENETIC TEST ORDER FORM
# WITH DECLARATION OF INFORMED CONSENT FOR THE NGS TESTING

**To be completed by an adult patient or parent / legal guardian of a patient:**

| | |
|---|---|
| **Patient surname and name:** | |
| **Patient ID number:** | |
| **Phone number:** | **Phone number:** |
| **Email address:** | |

The genetic material collected from me or my child (check applying):

□ **blood** □ **tissue** □ **amniotic fluid** □ **trophoblast** □ **other (……..…)**

is going to be used for molecular diagnostics based on DNA analysis for:

……
***name of the disease and procedure***

**Dotyczy badania WES (całoeksomowego):**
Proszę zaznaczyć rodzaj badania z poniższego wykazu:

| Procedure | CNV | MT-DNA | ONKO |
|---|---|---|---|
| NGS-022W | ■ | ■ | □ |
| NGS-022W-STANDARD | □ | □ | □ |
| NGS-022W-SMALL | ■ | □ | □ |
| NGS-SZYBKI-WES | ■ | □ | □ |
| NGS-SZYBKI-WES-PRENAT | ■* | ■ | □ |
| NGS-WES-PRENAT | ■* | ■ | □ |

Legend:
□ extra paid option (mark with „**x**" )
■ analysis included in the test
* availability dependes of DNA material quality

CNV – analysis of deletions / duplications
MT-DNA – mitochondrial DNA analysis
ONKO - analysis of 78 genes correlated with cancers

I am aware that:

1. The genetic material will be used for DNA isolation and diagnosis:
   - ☐ prenatal
   - ☐ postnatal
     - ☐ verification of the clinical diagnosis
     - ☐ determination of the carrier status
     - ☐ determination of predisposition to above-mentioned genetic disease.
2. Isolated DNA will be stored in proper conditions, however there is a risk of DNA degradation which is a natural process, therefore there might be a need for re-collection of a genetic material.
3. If the relationship between the members of the examined family is different, the obtained result of the molecular genetic test may be incorrect.
4. If the patient turns 18 years of age in the period between the collection of the molecular diagnostic material and the date of issue, the patient is obligated to sign the Declaration of Informed Consent form before issuing the result.
5. If I / my child underwent a transfusion within 2 months before collecting the material for genetic testing, I will inform a MedGen staff about it. Failure to inform the MedGen staff about the performed transfusion within the last 2 months before performing genetic tests may result in obtaining an incorrect test result and may affect the interpretation of the obtained genetic test result.
6. As a standard, the DNA sample is stored in the MedGen Laboratory DNA bank, which makes it possible to perform additional tests for the patient at any time.
   - ☐ **I DO NOT AGREE TO STORAGE OF DNA**
   - ☐ **I AGREE TO STORAGE OF DNA**
7. Obtaining a non-informative result (e.g. due to low-quality DNA, insufficient amount of DNA, which can be verified after carrying out the DNA amplification reaction) is not the basis for reimbursement of the cost for the test. The MedGen Laboratory makes every effort to minimize the risk of such a situation (e.g. by using the highest quality reagents), however, it is not possible to exclude such a situation.
8. For whole-exome (WES) and whole-genomic (WGS) tests: the analysis of the detected variants will concern a patient-specific gene panel, which will be designed according to medical indications. However, during the analysis, it is possible to detect known pathogenic mutations in other genes contained in the gene library preparation kit used, which may be important for the health of the patient or his relatives (e.g. being a carrier of genetic diseases with recessive mode of inheritance). In case of incidential findings, they will be described in the result, unless the patient does not consent to it.

In case of disagreement, please check:

☐ **I DO NOT AGREE TO ANALYSE OF GENES NOT RELATED TO THE MEDICAL INDICATION**

☐ **I AGREE TO ANALYSE OF GENES NOT RELATED TO THE MEDICAL INDICATION and TO REPORT INCIDENTAL FINDINGS**

9. I have obtained the information referred to in Art. 9 sec. 2 of the Act of March 23, 2017 on the rights of the patient and the Patient's Rights Ombudsman (Journal of Laws of 2017, item 836, as amended), in particular on the essence of the suspected disease and the diagnostic significance of the planned genetic test.

Indications for the examination (e.g. clinical symptoms): ……
……
Has a molecular test been ever done before? If so, please name the target disease and type of the genetic test:……
……
Have genetically conditioned diseases ever occurred in the family? If so, please name the disease and degree of kinship with a relative.……..
……..…

…….. ……..
Place and date Signature of patient >18. y.o. /parent/ legal guardian

……
Signature of referring physician

MEDGEN
Centrum Medyczne

Patient Name and Surname: ……..
Patient PESEL number: …….

I, the undersigned, hereby consent to the processing of my / my child personal data by CM MedGen with its seat in Warsaw (hereinafter: the "Administrator") for the purpose of genetic testing. Providing data is voluntary, but necessary for genetic testing. The basis for data processing is my consent. The recipients of the data (for WES / WGS tests) are the Administrator (personal data and genetic information) and CeGaT GmbH, Germany (only the anynomous genetic raw data, without personal data). I have the right to withdraw my consent at any time. Personal data will be processed until the consent is revoked, and after such revocation, for the period of limitation of claims due to the data controller. I have the right to request the Administrator to access my personal data, rectify it, delete or limit processing, as well as the right to lodge a complaint with the supervisory authority.
I agree to receive invoices electronically to the e-mail address provided.

……
Place and date Signature of referring physician Signature of patient >18. y.o. / parent / legal guardian

……..
Signature of minor patient >16 y.o.

**How do you know about our laboratory?**

☐ web browser ☐ doctor ☐ friend ☐ themed webpage

☐ Facebook ☐ other: …….

## AUTHORIZATION

**I, ....., with the PESEL number:.....,**
*Patient / legal guardian name and surname*

**authorize access to medical information:**

……
*name and surname of the authorized person*

residing in…….

contact phone number.....

.....
*Patient / legal guardian name and surname, date*

**authorize access to medical documentation:**

.....
*name and surname of the authorized person*

residing in….....

contact phone number.....

.....
*Patient / legal guardian name and surname, date*

**I do not authorize any person to access medical information or medical documentation.**

**.....**
*Patient / legal guardian name and surname, date*

Based on the Regulation of the Minister of Health of 09/11/2015 on the types and scope of medical documentation and the method of its processing (Journal of Laws of 2015, No. 2069).