INFORMED CONSENT FOR PERFORMING GENETIC ANALYSIS

(Adults)

The undersigned _____

Date of birth_____ Place of birth_____

Resident in _____ Address _____ Zip code _____

ID: _____ No. _____

Issued on _____ by _____

Telephone: _____ e-mail: _____

I 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 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 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:

☐ I agree	☐ I DO NOT agree	To be informed about analysis results;
☐ I agree	☐ I DO NOT agree	to share the results with Dr _____
☐ I agree	☐ 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;
☐ I agree	☐ 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;
☐ I agree	☐ I DO NOT agree	to be informed about results of further investigations for diagnostic purposes for the examined pathology;
☐ I agree	☐ 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;
☐ I agree	☐ 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;
☐ I agree	☐ I DO NOT agree	to be informed about the results of the research.

THEREFORE I AUTHORISE

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: _____

FILL IN THIS FORM ONLY IN CASE OF REVOCATION OF CONSENT

REVOCATION OF CONSENT

I the undersigned _____ 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 _____ on the date _____

I declare to **REVOKE** the consent given in date ____/_____/_____related to (indicate the type of consent given

hat you intend to revoke) _____

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

Date_____ Signature of the concerned person _____