

## 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.laboratorio-genoma.eu/](https://www.laboratorio-genoma.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/a  Widowed/a  Separated/a  Unmarried  Divorced/a

- - 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 \_\_\_\_\_