

Declaration of consent regarding parentage analysis (in accordance with the *GenDG* *requirements for performance of this analysis!)

SYNLAB MVZ Humangenetik Mannheim, Harrlachweg 1, 68163 Mannheim

Name, first name	date of birth

I have read the information leaflet on parentage analysis (basic information and contractual conditions – information in accordance with the *GenDG*).

By signing this consent form, I confirm that I agree to the analysis and the taking of the genetic sample required for the analysis.

- | | | |
|--|--|---|
| <input type="checkbox"/> Fatherhood analysis | <input type="checkbox"/> Fingerprint | <input type="checkbox"/> Maternity analysis |
| <input type="checkbox"/> Relationship analysis | <input type="checkbox"/> Twin analysis | <input type="checkbox"/> Sibling analysis |

----- Please tick the appropriate examination!

I received sufficient information regarding the purpose, type, scope and informative value of the genetic examination, the examination method, the results that can be obtained, intended use of the genetic sample and the examination results as well as my right to revoke my consent at any time and my right to non-information.

Furthermore, I declare that

- I want to be informed of **the result of the examination**.
- I do not want to be informed of the result of the examination.
- I agree that **all other persons involved** receive a copy of the report. In this respect, I was informed that all persons involved have a legal right to information towards the person commissioning the analysis (section 1598a clause 4 *BGB* [German Civil Code]).
- I agree to **disclosure of address** to **all persons involved**.
- I agree to the obtained **results being stored in accordance with statutory provisions**.
- any examination material left over after the analysis** is hereby transferred to the laboratory performing the analysis in accordance with section 950 *BGB*.
- no other person than the person named above has custody for the child.
- the report shall be delivered by post to the above address.
- I will collect the report in person. Phone: _____

----- Please tick as appropriate!

Furthermore, I also agree to disclosure of the results towards (e.g. physicians, public authorities)

Name, first name: _____

Address: _____

----- Please add for information to!

Place, date

Signature of the person involved pursuant to *GenDG* or the (legal) representative

* German Genetics Diagnostics Act