

## Informed consent form for genetic testing (“DNA analysis“) Only for DNA Testing

according to the German Genetic Diagnostics Act ([www.bvdh.de/newsdownload/40/Gesetzblatt\\_GenDG\\_BGBL04082009.pdf](http://www.bvdh.de/newsdownload/40/Gesetzblatt_GenDG_BGBL04082009.pdf))

1.) I herewith consent that genetic testing will be performed on a buccal/biological sample derived from \_\_\_\_\_ me \_\_\_\_\_ my child \_\_\_\_\_ the person under my legal guardianship

I have received full information from my physician concerning the risks and the possible result by paternity testing by using cotton swabs, its genetic basis and the possible interpretations and limitations of the diagnostic testing.

2.) Remaining sample material will not be stored

3.) Genetic test results must be destroyed after 30 years according to the German Genetic Diagnostic Act, unless their destruction violates the proband’s interests.

4.) Results of the above mentioned genetic diagnostic testing may be disclosed to:

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other physicians for counseling family members on the disorder

5.) I am free to withdraw any of the above statements in writing without giving any reasons. Such withdrawal will involve no loss of benefits for me.

**Galantos Genetics** analyses by default the lengths of 16 STRs, but enhances this number, if certain biological relationships require it. The chosen markers are to be found in the so called uncoded DNA areas. Therefore, it is not possible to give statements regarding eventual sickness, personality- or other features of a person. Just like a real finger print can identify a person definitely, but can't give away any other features.

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(Signature referring **physician**) (Place/Date)

(Signature **patient/legal guardian**) (Place/Date)

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(Name & address **physician**, phone/fax!) (Name & address **patient/legal guardian**, phone)

► Please give a copy of the completed and signed consent form to the patient ◀

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