

## Informed consent form for performing molecular genetic tests

<b>Patient's personal data:</b>	<b>Parent or legal guardian details:</b> <i>(fill in if the person referred for examination is a minor or incapacitated)</i>
First and last name .....	First and last name .....
Date of birth .....	Date of birth .....
PESEL #.....	PESEL # .....
Address.....	Address.....
.....	.....
Type and number of the document confirming identity (if no PESEL number) .....	Type and number of the document confirming identity (if no PESEL number) .....

### STATEMENT

- I consent** to the collection of biological material: peripheral blood or other biological material in the form of ..... and/or RNA, in connection with the determination of genetic predisposition, suspicion or clinical diagnosis of a disease.
- I consent** to the storage of genetic material in order to perform other, additional molecular genetic tests in the future (the genetic material of our body remains the same throughout life).
- I consent** to the storage of the above genetic material and the use of clinical data and this material for further genetic research aimed at expanding knowledge about the molecular basis of certain diseases, conducted in various research centers, in the country and abroad, under conditions of anonymity.

*I have been informed that in some cases the obtained result may be non-diagnostic for technical reasons (e.g. poor quality or insufficient amount of material collected for testing, natural degradation of the material), which will require repeated sampling of the material for testing and re-testing*

*In addition, I have been informed about the possibility of withdrawing my consent at any time and without any consequences.*

<i>Place</i>	<i>Date</i>	<i>legible signature of the patient or his legal guardian</i>

#### ***In the case of an examination ordered by a doctor***

The patient has been informed about the details of the planned genetic tests and the possible results of these tests, which will require proper interpretation.	<i>signature and stamp of the referring physician</i>
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