eurofins | Biomnis

Declaration of consultation and consent
for testing of an individual's genetic characteristics

(In reference to the decree no. 2008-321 of 4 April 2008 - order of May 27, 2013)

• 1 copy to be sent to the laboratory with the sample • 1 copy to be kept in the patient record • 1 copy for the patient

DECLARATION OF MEDICAL CONSULTATION

Prior to the performance of examinations of an individual's genetic characteristics and his/her identification by DNA for medical purposes

I, the undersigned ..... **Clinician**,

In accordance with Articles R.1131-4 and R. 1131-5 of the Code of Public Health,

- Certify to have interviewed the patient named below in a consultation on this date to provide him/her with information on investigated mutation characteristics, means for detecting such mutations and the options for prevention and treatment.

At .....,

on |__|__| |__|__| |__|__|

Signature and stamp of clinician

CONSENT FOR PERFORMING EXAMINATIONS OF AN INDIVIDUAL'S GENETIC CHARACTERISTICS

In accordance with Articles R.1131-4 R.1131-5 of the Public Health Code

I, the undersigned ..... born on |__|__| |__|__| |__|__|__|__|,

- Acknowledge that I have been informed by ..... on tests of genetic characteristics that will be performed in order to:
  - ☐ to confirm or invalidate the diagnosis of a genetic disease in relation to my symptoms, those of my minor child or those of the adult person under guardianship for whom I am the legal representative;
  - ☐ confirm or deny the pre-symptomatic diagnosis of a genetic disease;
  - ☐ to identify a healthy carrier status (heterozygous or chromosomal rearrangement);
  - ☐ assess genetic susceptibility to disease or drug treatment.
- To this end, I consent:
  - ☐ to the sample to be taken from my home.
  - ☐ to the deduction that will be made from my minor child or a person of full age under guardianship for whom I am the legal representative.
- I am informed that the results of the examination of the genetic characteristics will be transmitted to me by the above-mentioned Doctor in the framework of an individual consultation. If the examination reveals results other than those sought, the aforementioned Doctor will determine the appropriate course of action during an individual consultation.
- If part of the sample remains unused after examination,
  - ☐ I agree that it may be integrated, if necessary, for scientific research purposes. In this case, all medical data concerning me will be protected by c omplete anonymisation. Consequently, I am aware that these scientific studies carried out will not be of any benefit or prejudice to me.

At .....,

on |__|__| |__|__| |__|__|

Signature of adult patient or legal guardian of the minor child or legal guardian of an adult under guardianship: