### 1. Offer of genetic counselling (mandatory in case of predictive or pre-natal diagnostics)

- I have read, understood and received a copy of the information leaflet for clarification/genetic counselling before/after genetic testing according to GenDG [Genetic Diagnosis Act].
  - Yes □  No □

- I would like to make use of the genetic counselling offer before genetic testing:
  - Yes □  No □

- I would like to make use of the genetic counselling offer after the results of genetic testing are available:
  - Yes □  No □

- Waiver: I decline the offer of genetic counselling after receipt of the written information about the contents of the counselling.
  - Yes □  No □

### Place, date:

<table>
<thead>
<tr>
<th>Patient’s signature</th>
<th>or legal representative</th>
</tr>
</thead>
</table>

### 2. Confirmation of concluded clarifications and/or genetic counselling (delete as applicable)

- The disease / disorder / diagnosis………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………,
  - Yes □  No □

- Its genetic background, prophylaxis/prevention/treatment possibilities as well as purpose, nature, scope and information value of a possible genetic diagnostic including the risks attached to the taking of samples and/or the tests have been made sufficiently clear to me and counselling in these matters was adequate.
  - Yes □  No □

- I was advised that I am entitled to withdraw my agreement in whole or in part without giving reasons and without any penalties resulting from this withdrawal. I know that I have the right not to be informed of the examination result(s) (right not to know). I was advised that I can stop the commenced examination procedure until the communication of the results at any time and that I can demand the destruction of all of my examination material including all components extracted from it as well as of all results and findings obtained so far.
  - Yes □  No □

- I agree to the findings of the genetic testing being sent to:
  - My general practitioner: Dr. .................................................................
  - My gynaecologist: Dr. ...........................................................
  - Dr.: ..........................................................................................
  - Dr.: ..........................................................................................
  - Yes □  No □

- Place, date of clarifications/genetic counselling before the examination:
  - Patient’s signature
  - or legal representative:

- Place, date of genetic counselling after presentation of results:
  - Patient’s signature
  - or legal representative:

### 3. Documentation by the consultant clarifying/counselling according to GenDG [Genetic Diagnosis Act] (use additional sheet if necessary)

#### Anamnestic characteristics:

<table>
<thead>
<tr>
<th>Documentation of clarification/counselling contents before examination:</th>
<th>Documentation of clarification/counselling contents after presentation of results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ genetic background</td>
<td>□ genetic background</td>
</tr>
<tr>
<td>□ risk of repetition</td>
<td>□ risk of repetition</td>
</tr>
<tr>
<td>□ prophylaxis/prevention/treatment possibilities</td>
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</tr>
<tr>
<td>□ purpose, nature, scope and information value of examination</td>
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<td>□ risks attached to the taking of samples and/or the tests</td>
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</tr>
<tr>
<td>□ Other</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

- Procedure:
  - Place, date:
  - Signature of the physician responsible according to GenDG

- Signature of the physician responsible according to GenDG