



## Informed consent for genetic testing

April 2026

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I confirm that in the context of a genetic counselling session I've been informed about the different aspects of genetic testing as explained in the information sheet "Information for patients". I have understood the information and had sufficient time for decision making.

### I give my consent for the following genetic analysis/analyses:

\_\_\_\_\_  prenatal  postnatal  predictive/presymptomatic

For the following **indication**: \_\_\_\_\_

- Perform the analysis even if it isn't on the list of reimbursable tests or in the absence of confirmation of cost coverage by my health insurance (I will bear the costs myself if necessary)  YES  NO

### Transmission of any additional results **not foreseen** in the genetic analyses

No systematic analysis is performed for information unrelated to the indication. The production of excess information during genetic analyses is to be avoided as far as possible (art. 9 GUMG).

If, however, genetic information that is not directly related to the pathology but may be useful to my health or that of the of my relatives were revealed,

- I would like to be informed  YES  NO

*If absence of an answer, it will be assumed that you do not wish to be informed of any additional unforeseen results.*

If you only want to know certain types of results, indicate them here: \_\_\_\_\_

### Storage and use of the remaining biological material and of data from genetic analysis.

- I agree that the remaining biological material and data will be stored for possible further analyses. My informed consent will be necessary should further analyses be requested.  YES  NO  
*Selecting "No" implies that your remaining biological sample and your data will be destroyed within the time limits set by federal and cantonal laws.*
- I agree that my biological sample and data are stored and used for the purpose of improving the quality of genetic analyses.  YES  NO

Signature: \_\_\_\_\_ Place and date: \_\_\_\_\_  
(Patient or parent/legal guardian)

### Physician:

I declare that I've informed the above-mentioned person/s, according to the law on genetic testing on humans (GUMG), about the planned genetic tests and their limits as well as providing answers to their questions.

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Place and date: \_\_\_\_\_ Stamp: \_\_\_\_\_