

Referring unit

Subject number

Referral for medical examination

Attending physician

INFORMED CONSENT FORM FOR CYTOGENETIC EXAMINATION

Patient data

Name and surname

Date of birth SSN

Address

Phone number

Parent or statutory representative's data

Name and surname

Address

Phone number

INFORMATION ABOUT GIVEN EXAMINATION AND THE TYPE OF BIOLOGICAL MATERIAL

Type of the examination:	cytogenetic examination	<input type="checkbox"/>
	FISH method examination	<input type="checkbox"/>
Type of the material:	peripheral blood	<input type="checkbox"/>
	umbilical cord blood	<input type="checkbox"/>
	amniotic fluid	<input type="checkbox"/>
	chorion	<input type="checkbox"/>
	chorion after embryonic death, which pregnancy, how many weeks along	<input type="checkbox"/>
	skin fibroblasts	<input type="checkbox"/>

✓ I agree to the cytogenetic examination, performed on biological material taken from me/ my child's. I am fully informed of the risks of failure of the examination due to the nature of material and I am prepared for additional sample collection. Additionally if the material derives from miscarriage, it can be taken and transported for molecular method examination.

✓ I agree to the processing of my/ my child's personal information by Non-public Healthcare Cytogenetic Laboratory Kariogen to the extent necessary for performing the examination in accordance with the Act from 29th of August 1997 on Personal Data Protection. (Journal of Laws of 2002 No. 101, item. 926, as amended)

Place and date

Patient, parent or legal guardian's
legible signature