

## Informed consent to the performance of genetic analyses outside the medical field.

(For further information on these tests, see: <https://www.bag.admin.ch/bag/it/home/medizin-und-forschung/genetische-untersuchungen/info-fachpersonen/veranlassung-gentests.html>)

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

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

I confirm that I have been informed about the various aspects of a genetic analysis, described in the information sheet "Information for patients" on the website of the Molecular Diagnostic Laboratory (<https://www.ldm.ch/IT/Lifestyle-analyses-19c5fc00>). I confirm that I have understood the information received and that I have had sufficient time to reflect.

### I consent to the following genetic analysis(s) being performed:

- **PCR test for lactose intolerance:** ☐ predictive/pre-symptomatic
- **PCR test for celiac disease exclusion:** ☐ predictive/pre-symptomatic

On the following biological sample: ☐ buccal swab

### Storage and use of remaining biological material and laboratory results for subsequent analyses.

- I agree that the remaining biological material and laboratory data are stored for possible further analyses.
- My consent is required for further analyses: ☐ YES ☐ NO  
(If the patient decides not to, the biological sample will be destroyed after the analysis)
- I agree that the remaining biological material and laboratory data can be used anonymously for quality control.  
☐ YES ☐ NO

### Use of your biological sample and laboratory data for research purposes.

If you agree in principle to participate in research studies, you can declare this below. If so, you will be contacted later with more precise information. A positive response **does not yet imply consent** to participate in specific research studies.

I agree that my biological sample and laboratory data may be used for research:

☐ YES ☐ NO

Signature : \_\_\_\_\_ Place and date: \_\_\_\_\_  
(Patient or legal representative: Parent/Guardian)