

**PATIENT DATA**

LAST NAME \_\_\_\_\_ ID N° \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ GENDER:  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 RELEVANT CINICAL DATA \_\_\_\_\_

**SAMPLE DATA (Types of samples/Nº)**

Oral mucous (saliva)/No.: \_\_\_\_\_  Amniotic liquid/No.: \_\_\_\_\_  
 Peripheral blood/No.: \_\_\_\_\_  Serum/No.: \_\_\_\_\_  
 Exudate/No.: \_\_\_\_\_  DNA/No.: \_\_\_\_\_  
 Other: \_\_\_\_\_

YOUR SAMPLE REFERENCE:

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IDENTIFICATION LABEL  
(by GENYCA)

**HEALTH CARE PROVIDER'S DATA**

NAME \_\_\_\_\_ REGISTERED No. \_\_\_\_\_  
 CENTER \_\_\_\_\_ SPECIALITY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ DATE OF THE REQUEST \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

**MOLECULAR GENTIC ANALYSIS REQUESTED**

\_\_\_\_\_

**DELIVERY OF RESULTS**

DESTINEE:  DOCTOR  DOCTOR + PATIENT  
 DELIVERY:  E-MAIL  PAPER  
 PATIENT'S E-MAIL \_\_\_\_\_  
 DOCTOR'S E-MAIL \_\_\_\_\_

**BILLING DATA (If different from patient data)**

NAME / REGISTERED NAME \_\_\_\_\_ TAX No. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**CHAIN OF CUSTODY**

SAMPLING

DATE \_\_\_\_\_

SAMPLING BY \_\_\_\_\_

SAMPLE SENT BY \_\_\_\_\_

RECEPTION OF THE SAMPLE

DATE \_\_\_\_\_ RECEPIONED BY \_\_\_\_\_

SGC \_\_\_\_\_

ESTIMATED DATE OF REPORT \_\_\_\_\_

CONT. E Tr Tj \_\_\_\_\_

**THE PATIENT MUST SIGN THE CONSENT IN PAGE 2**



## INFORMED CONSENT STATEMENT TO CONDUCT GENETIC ANALYSIS

Having been duly informed by y health care provider signing this form or the medical prescription I am providing, and after having read the present document, I declare myself satisfied with the information received, and understand:

- The indication, finality, characteristics, consequences and limitations of the genetic test that I (or the person I represent) will undergo. As well, I declare that I have been allowed to make all the remarks I considered opportune/necessary and that all the doubts I have aroused have been answered.
- That the personal information provided and gathered in this document is true, reliable and applicable by the center.
- That I expressly authorize the treatment of my personal data according to the presented in the text under the epigraph "Confidentiality" in this document.
- That the biological sample I provide will be exclusively used for the analysis requested to the center.
- That, as required by law, I must sign this informed consent declaration so the laboratory can perform the test requested in this document.
- That exceptionally, and due to biological reasons (in qualitative and quantitative terms) and foreign to the laboratory of analysis, a result may not be obtained from the sample provided. Each case will be studied.
- That exceptionally another sample may be requested to me.
- That exceptionally the result obtained may be not conclusive.
- That the analysis I will undergo will not discard pathologies not studied by this test, or undetectable because of the inherent limitations of the technique employed.
- That in any moment of the process I can revoke by written the consent I am signing now, without exempting me to pay the analysis I am requesting in this form.
- That I authorize the laboratory to send the report in the conditions specified in this document, and under no concept the laboratory will give the analysis result by telephone.
- That I authorize, once the analysis process finished, the laboratory to use the remaining sample and/or the results obtained in internal and external quality process, or with research objectives, always in an anonymous way, my personal data being eliminated from any report or publication.

In such conditions and voluntarily, I CONSENT the requested genetic to be done (to me or the person I am representing), by the signature of the present document.

NAME OF THE PERSON SIGNING \_\_\_\_\_

If the patient is minor or requests legal representation for any other reason, detail the

RELATIONSHIP TO THE PATIENT (by presentation of the official document proving the relationship and by my personal identity document): \_\_\_\_\_

ID No. \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE:

**CONFIDENTIALITY:** The personal data provided in this document will be incorporated to an automated file, registered in the General Register of Data Protection and whose only responsible is GENYCA INNOVA Análisis y Diagnóstico Genético S.L. These data will be treated confidentially under professional secrecy, always according to the established in the Organic Law en la Ley Orgánica 15/1999 of Personal Data Protection, and following the guidelines defined by the International Declaration on Human Genetic Data by the UNESCO. GENYCA meets the current requirements regarding protection of personal data, maintaining the appropriate security measures, both technical and organizational. GENYCA will not communicate nor transfer these data to any entity or enterprise, excepting in those cases stipulated by the Law. The requestor may exercise his right of access, rectification, cancellation and opposition by written to GENYCA, C/ Alegría 18, Madrid 28220, Spain, or to info@genyca.es. While the opposite is not communicated, it is understood that the data gathered from this form has not been modified and that the patient/client commits to notify any variation, and that GENYCA is authorized to use them in order to fulfill the requested service and to process the corresponding invoice.