



CNRS
INSERM
Université Louis Pasteur

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<p><i>PATIENT or sampled person</i></p> <p>Family name : First name : Date of birth : Address :</p>	<p><i>LEGAL GUARDIAN (if patient is minor)</i></p> <p>Family name : First name : Date of birth : Address : Relationship with patient :</p>
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INFORMED CONSENT FOR GENETIC ANALYSIS ON RESEARCH BASIS

I, (family name and first name)
 approve that I have been informed by Dr.(family name and first name)
 about the genetic analysis carried out on (blood, saliva, fibroblasts, lymphoblasts,...)
 from myself or(family name and first name)
 in the context of the following suspected pathology :

The patient or legal guardian gives its consent for the genetic analysis. The laboratory will perform the analysis according to articles R.162-16-7 of decree No.95-558 from May 6, 1995 and R.145-15-4 of decree No. 2000-570 from June 23, 2000 of the French public health code. The patient or legal guardian accepts that the biological sample is preserved and analyzed without time limitation in the context of the pathology named above.

Specific case: In the context of multi loci or whole genome analysis (high-throughput sequencing with or without targeted capture) the genetic analysis may reveal additional medical conditions. The patient or legal guardian will be informed only in case of a direct benefit for the patient based on the current medical knowledge, i.e. in case of potential prevention and/or treatment. However, we will not provide you with such data on your demand (for e.g. if later you like to know about genetic predisposition to diseases other than the pathology named above, or genealogy data).

The patient or legal guardian approves to have understood the totality of the information
 The patient or legal guardian wants to be informed about the result of the genetic analysis in the context of the pathology named above : yes no

(Place) (Date)..... / /

Signature (patient, legal guardian)