

The examinee/patient....., born....., has been informed of the purpose of the molecular genetic testing.

I consent to the collection of a biological specimen and the genetic analysis of the DNA sample.

YES / NO

I agree that *the Laboratory for Clinical Immunology and Molecular Genetics at Clinic Golnik* may permanently store the DNA sample. I understand that external factors or natural disasters may damage the sample to the point of being unusable. I understand that current DNA storage protocols may be unsuitable for genetic testing that becomes available in the future.

YES / NO

I agree that the DNA sample may be sent for testing to another laboratory. *The Laboratory for Clinical Immunology and Molecular Genetics* is not responsible for the results of tests performed in another laboratory.

YES / NO

I agree that the DNA sample may be used anonymously in the development and standardisation of new tests.

YES / NO

If the result of my test is important for the health of my family members, I agree that the results may be used in their diagnostic procedure.

YES / NO

TO BE COMPLETED ONLY IN THE CASE OF NEXT GENERATION SEQUENCING (NGS)

I understand that this expanded genetic testing also includes data on other genes and diseases that are not associated with my current medical condition but could nevertheless have clear and immediate medical significance for my health and my family's health (incidental findings). I understand that I will be informed if such findings are detected.

YES / NO

I understand that I can withdraw this consent at any time, in whole or in part, without having to state a reason. For any questions or to withdraw consent, we are available by telephone at +386 4 256 9 431, every working day between 8:00 and 12:00.

Date: Signature of the patient (parent, legal guardian):..... Signature of physician:.....