

Last name, first name or NHS number

.....

Address of the insured patient

.....

Date of birth of the insured patient

Dentist (client)
 Practice stamp and address

.....

PadoGen

Order/test number

.....

DECLARATION OF CONSENT for a molecular genetic analysis pursuant to the German Genetic Diagnostics Act (GenDG)

Requested genetic analysis:

Molecular genetic characterisation of polymorphisms at position -889 of the human interleukin (IL-)1 α gene, at position +3953 of the human interleukin (IL-)1 β gene, at position +2018 of the human interleukin receptor antagonist gene (IL-1RN) and at position -308 of the human tumour necrosis factor α gene (TNF- α).

Information:

Determination of the genetic susceptibility to inflammation through the analysis of polymorphisms of the above genes enables a prognostic assessment of the course of periodontal diseases. When integrated into a specialised therapy and prophylaxis plan, this enables the faster progression of periodontal apparatus destruction to be delayed in patients with an increased genetic susceptibility to inflammation.

I consent

- to the above-mentioned examination and sample collection; I have been informed by my treating physician about its significance, I have understood this, and I have had sufficient time to consider it.
- that the sample may be forwarded to a specialised medical partner laboratory and used for any necessary verification of the results or further investigations to establish a diagnosis.
- that the test results obtained will be retained beyond the statutory period of 10 years following the preparation of the report.
- that the following doctors or institutions will receive a copy of the findings: the referring physician, other treating physicians, and _____.
- that the sample material may be archived and used for quality assurance purposes.
- that I will be informed of the result. I have been informed of my right to remain uninformed.

Please delete as appropriate! I may revoke any point of this consent form at any time.

PadoGen: genetic consultation

According to Section 10 of the German Genetic Diagnostics Act (GenDG) and Section 69 of the Austrian Genetic Engineering Act (GTG), we offer the option of a **genetic consultation by qualified human genetics specialists** on receipt of the test result ([content of the consultation, see \[www.iai-test.de/service/genetischeberatung\]\(http://www.iai-test.de/service/genetischeberatung\)](#)). You can mark this with a cross in the below. Please contact us at info@iai-test.de to arrange an appointment. Subsequently changing your appointment is possible before sending in the sample.

If you choose not to make use of this option, you expressly declare your waiver of the genetic consultation.

I would like a chargeable dental-genetic consultation (cost: €500.00).

Last name

Place and date

First name

Patient's or legal representative's signature

Date of birth

Referring physician's signature