



Concerning: genetic testing using exome or genome sequencing to detect genetic defects (mutations).

## INFORMED CONSENT

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### I was explained and I have understood that :

- Extended genetic testing is suggested for the cause of a genetic disorder.  
namely ..... (condition)  
in myself ..... (name) date of birth .....  
**OR**  
in my child ..... (name) date of birth .....
- To this purpose, a large number or all genes will be examined.
- These data will be analysed to allow the cause of the condition to be identified.
- The physician will discuss the results of this analysis with me. Results of any follow-up analysis that are of clinical significance will also be discussed with me.
- It is possible that this test will not explain my/my child's condition in the short term. As knowledge about genetic conditions is evolving, I may contact my physician again in the future to ask if there are any new insights that could influence the results of this analysis.
- I will be informed if by chance a serious hereditary disease is found for which medical treatment and/or prevention is possible or if I am a carrier of a disease with at least 25% risk for offspring.
- I will not be informed if by chance a serious hereditary disease is discovered for which no medical treatment and/or prevention are currently available
- This examination does not exclude carrier status for other genetic conditions.
- All data obtained from this analysis will be treated with strict confidentiality.
- These DNA data (DNA sequences) are stored in a secure database.
- My/my child's DNA sample, DNA sequences or clinical data can be exchanged with other genetic laboratories or used for research purposes, but that this always happens in pseudonymised form.
- My/my child's DNA sample, DNA sequences or clinical data can be exchanged with other genetic laboratories as part of targeted research among my family members.
- My/my child's data can be entered in a pseudonymised (coded) manner in an international database that can be consulted by registered researchers for non-commercial use and/or medical scientific research.
- I can decide at any time to no longer participate in this study. No new data will then be generated from my/my child's DNA sample or DNA sequences.
- For any further questions, I can always contact a physician at the Centre for Medical Genetics at Antwerp University Hospital.

### I give my consent to genetic analysis by exome or genome sequencing:

in myself:      YES    0      NO    0                      in my child:    YES    0      NO    0

Name: .....                      Date: .....

Signature: .....

Name of physician and date of signature: .....

Signature of physician requesting consent:.....