

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 the following:

1. 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
2. To this purpose, a large number or all genes will be examined.
3. These data will be analysed to allow the cause of the condition to be identified.
4. 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.
5. 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.
6. 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.
7. 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.
8. This examination does **not** exclude carrier status for other genetic conditions.
9. All data obtained from this analysis will be treated with strict confidentiality.
10. These DNA data (DNA sequences) are stored in a secure database.
11. 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.
12. 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.
13. 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.
14. 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: