

Declaration of medical consultation and consent

prior to the carrying out of genetic examinations of an individual

(French Decree n° 2008-321 dated 4 April 2008 - French Decree dated 27 May 2013)

- 1 copy must be sent to Biomnis along with the sample
- 1 copy must be kept in the patient's medical file

DECLARATION OF INDIVIDUAL MEDICAL CONSULTATION

To be completed prior to the carrying out of genetic examinations of the person concerned or their identification by genetic fingerprinting for medical purposes.

I, the undersigned, a medical doctor,

and pursuant to articles R.1131-4 and R.1131-5 of the French Public Health Code,

- ▶ Hereby certify that the patient mentioned above was received for a consultation today where information on the characteristics of the disease to be screened, the methods used to detect it and details on the possibilities of prevention and treatment were provided.

Signed in (city)

on (date) [][] [][] [][][][]

Physician's signature and stamp

CONSENT TO PERFORM GENETIC EXAMINATIONS OF AN INDIVIDUAL

Pursuant to articles R. 1131-4 and R. 1131-5 of the French Public Health Code

I, the undersigned born on [][] [][] [][][][] ,

Currently residing at:

- ▶ Hereby declare that I had a consultation with Dr where information on the genetic tests to be performed was provided. These tests will be performed with the aim to:

- confirm or otherwise the diagnosis of a genetic disease in relation to my symptoms,
- confirm or otherwise the pre-symptomatic diagnosis of a genetic disease,
- identify the healthy carrier status of an individual (heterozygote screen or chromosomal rearrangement),
- assess my genetic susceptibility of being afflicted with a genetic disease or undertaking a medical treatment.

▶ As such, I consent to:

- sample(s) being collected from me.
- sample(s) being collected from my child (for minors) or an adult under guardianship.
- sample(s) being collected from my foetus.

▶ I have been informed that the above-mentioned doctor will provide the results of this genetic examination during an individual consultation. If the exam reveals any results other than those specified on the original request, the aforementioned Doctor will determine the appropriate steps to be taken during the individual consultation.

▶ Should any of the sample remain unused following examination:

- I consent to this sample being used, if needs be, for scientific research purposes. In this case, all personal medical data will be protected by it being made totally anonymous. Consequently, I am conscious that the scientific studies performed will not provide me with any advantage or prejudice.

Signed in (city)

on (date) [][] [][] [][][][]

Signature of adult patient or legal representative of a child or legal guardian of an adult under guardianship:

