MEDIPOL
İSTANBUL MEDİPOL UNIVERSITY
GENETIC DISEASES ASSESSMENT CENTER

ANAMNESIS & CONSENT FORM
(To be filled for Molecular Genetics-Cytogenetics and FISH Tests)

Barcode	Please fill in if the patient does not have a barcode. Date: ..../..../....	
	Patient Information	Identification Number : First and Last Name : Date of Birth : ..../..../.... Gender: ☐ Female ☐ Male Mobile phone : E-mail : Sampling Date : ..../..../....
	Doctor Information	Institution : Section : First and Last Name : Mobile phone : E-mail :

Requirement for Diagnosis: .....

Diagnosis/ Pre-diagnosis: .....

Desired Analysis: .....

.....

Clinical Indication/Findings: .....

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Family History / Consanguineous Marriage (Genetic disease in the patient's 1st and 2nd degree relatives): .....

.....

Description (How does it change the treatment protocol?): .....

Submitted Material: ☐ Blood^{EDTA} ☐ Blood^{HEPARIN} ☐ Bone Marrow ☐ Amniotic Fluid
☐ CVS Material ☐ Abort Material ☐ Tissue ☐ Other: .....

Week of Pregnancy (For Amniotic Fluid - CVS - Cord Blood): .....

NOTIFICATIONS:

1. Genetic test results may sometimes need to be evaluated together with additional molecular methods due to technical difficulties. Results may not be conclusive or clear, so they should be evaluated together with clinical findings and other laboratory imaging findings.
2. Analyzes are made according to clinical findings. Genetic changes detected other than the clinical findings of the patient may not be reported.
3. Normal test results do not necessarily indicate that the individual/patient is healthy. Abnormal test results do not assure that the individual will be ill due to this genetic change.
4. Your doctor decides how to take the sample for the test.
5. Genetic testing from samples taken after a bone marrow transplant, blood, or blood product transfusion may not reflect patient changes. Therefore, transactions must be reported to our center. Alternative tissues or organs (such as skin biopsy, buccal mucosa) should be preferred as sample types in patients who have undergone these procedures.
6. In the samples taken for cytogenetic tests, the cytogenetic study may not yield results as the necessary tissues are not available, cells do not proliferate, or are contaminated with microbes. In such cases, samples may be requested again. In molecular genetic tests, if DNA and RNA of sufficient quality and quality cannot be obtained, repeat samples may be requested.
7. Numerical or major structural anomalies can be recognizable in karyotype (chromosome) analysis, but minor structural anomalies and mosaicisms may not be visible. Except for gender-related diseases and anomalies, gender information is not reported in prenatal karyotyping reports.
8. Test work on the samples is carried out as soon as possible. However, due to patient-specific differences, the need for further investigation, or the need to collaborate with other domestic/international laboratories, the period for the test results to come out may be longer. The duration of the test is determined approximately. Results may be available in less time.
9. Although genetic testing uses different methods, it may not produce results due to individual differences, quality of the material, and technical problems.
10. As a result of any genetic test, paternity status or other genetic characteristics may occur unintentionally.
11. Test results may differ according to the region where the material is taken, especially solid tissue.
12. Re-sampling may be required due to damage occurring during the material's delivery to the laboratory.
13. As a result of the studies, the sample may become unusable or depleted. Therefore, it may not be returned.
14. Tests can be sent to an external laboratory when deemed necessary.
15. All laboratory data are classified as "personal data" within the framework of the relevant legal regulations and are confidential. The results can be reported by the laboratory to your physician or physicians who make the request and follow you clinically, and to the authority of the institution making the request via cargo/e-mail/web.
16. Every test method has its margin of error. These tests are not legally diagnostic tests, they are intended for use in research studies. Since there are no alternative kits, they are used for diagnostic purposes in all countries.

CONSENT:

I have been informed of all the issues mentioned above. I understand that the taken samples will be used to determine whether I and my family members carry this disease's gene, whether we are affected by it, or whether we will one day be at high risk of catching this genetic disease. I understand that there is a possibility that the test result may not be obtained resulting from the lack of necessary tissues, failure of cells to reproduce, or microbe contamination. I realized that the sample(s) can be taken again when needed.

I accept the use of my test results in research and studies for medical and scientific purposes free of charge, within the framework of the relevant legislation (provided that the identity information is kept confidential).

In this way, I declare that I am aware of all the procedures related to genetic diagnosis and that I accept, allow, and approve the genetic diagnosis-related procedures mentioned above, of my own free will, without any violence, threat, or financial or moral pressure. I accept that the responsibility for the information's disclosure (possibly belonging to 3rd parties) resulting from genetic diagnosis belongs to me.

[.....]

(It should be written "I have read, understood, I accept" in handwriting.)

Patient's First and Last Name:
Signature-Date

First and Last Name of the person receiving consent:
Signature-Date

First & Last Name for those under the will
Signature-Date