

## **Informed Consent for DNA Genetic Testing**

My signature of informed consent certifies that:

1. I know that genetic testing is voluntary.
2. I have been informed about the purpose of the cardiovascular genetic test for which I am giving permission.
3. I have received an explanation of the limitations of this cardiovascular genetic test.
4. I have had the opportunity to discuss the benefits, risks and limitations of this genetic test with my physician and/or other health care professional. I have had all my questions answered.
5. I understand that biological samples (blood) will be removed using standard techniques, which carry very little risk.
6. I understand that the cardiovascular genetic test is specific for the disease I am testing and in no way guarantees my health or the health of my living or unborn children.
7. I understand that the accuracy of this cardiovascular genetic test is entirely dependent on the clinical diagnosis made elsewhere, and the genetic laboratory cannot be responsible for an erroneous clinical diagnosis made elsewhere.
8. I have been informed who may have access to my biological sample. The genetic laboratory does not return DNA samples to individuals or physicians. Nevertheless, in some cases it may be possible for the laboratory to reanalyze the remaining DNA upon request. The request for additional testing must be ordered and there will be an additional fee.
9. I understand the meaning of possible test results and have been informed how I will receive the result.
10. I have been informed who may have access to my cardiovascular genetic test results. I understand that my results will only be reported to me through a physician, genetic counsellor, or certified genetics professional, given the important implications of the DNA

based test results. The result reports are confidential and will only be released to other medical professionals or other parties with my express written consent. All laboratory data is confidential and will not be released.

11. I understand that this consent form must be used together with the patient information booklet that contains important information explaining the above ten items. I received a copy of the form and booklet for my records.

**12. Data Processing**

I understand and expressly consent to the processing of my personal contact and health data, in accordance with the terms of Law nr. 67/98, dated 26 of October (Portuguese Data Protection Law), for the purposes set out herein and in the patient information booklet provided.

I understand that my data will be processed by HeartGenetics for the purpose of carrying out the intended requested cardiovascular genetic testing.

I further understand and accept also that the associated genetic information (without my identification and contact details) will be included in a database for the purpose of pursuing medical research in the field of cardiovascular/genetic diseases and such genetic information may be communicated to physician, genetic counsellors, or certified genetics professionals (including entities located outside the European Union territory), as set out in the previous paragraphs. Genetic information may also be made available to the *Conselho de Fiscalização da Base de Dados de Perfis de ADN*, under Law nr. 40/2013, dated June 25th and to any other persons and entities, whenever and in the terms set out by law, in order to ensure compliance with the applicable legal obligations.

No information will be printed or released that discloses my identity without my express written permission and organisational and logistic security measures will be put into place in order to protect the confidentiality of my information.

At any time, I may exercise the right to access, update and/or eliminate my personal data, by sending an email to [contact@heartgenetics.com](mailto:contact@heartgenetics.com)

By signing the "Informed Consent" box here below, I accept to the terms and purposes of the processing of my identification and genetic data, in the terms and for the purposes set out here above:

## Informed Consent

\_\_\_\_\_  
*Name and Signature of Patient or Authorized Designee* *Date*

**CIRCLE ONE:**    **SELF PARENT(S)**    **LEGAL GUARDIAN**    **DURABLE HEALTH CARE POWER OF ATTORNEY**

## Physician's Statement

**I HAVE EXPLAINED THE CARDIOVASCULAR GENETIC TESTING TO THIS INDIVIDUAL. I HAVE ADDRESSED THE ELEVEN ITEMS OUTLINED ABOVE, AND I HAVE ANSWERED THIS PERSON'S QUESTIONS.**

\_\_\_\_\_  
*Signature of Physician* *Date*

## Permission for research studies

**MY SIGNATURE ON THIS FORM INDICATES THAT I HAVE UNDERSTOOD TO MY SATISFACTION THE INFORMATION REGARDING THE PERMISSION FOR MY SPECIMEN AND CLINICAL INFORMATION TO BE USED IN CARDIOLOGY AND/OR GENETIC RESEARCH STUDIES AND ALSO THAT I UNDERSTAND AND ACCEPT THE TERMS AND PURPOSES OF THE PROCESSING OF MY PERSONAL DATA FOR THIS PURPOSE. IN NO WAY DOES THIS EITHER WAIVE MY LEGAL RIGHTS OR RELEASE THE INVESTIGATORS FROM THEIR LEGAL AND PROFESSIONAL RESPONSIBILITIES. I AM FREE TO WITHDRAW FROM THE STUDY AT ANY TIME. MY CONTINUED PARTICIPATION SHOULD BE AS INFORMED AS MY INITIAL CONSENT. MY NAME WILL NOT BE USED IN ANY RESEARCH STUDIES AND IT WILL NOT BE POSSIBLE TO LINK RESULTS OF RESEARCH STUDIES BACK TO MY SPECIMEN.**

\_\_\_\_\_  
*Signature of Patient or Authorized Designee* *Date*