



PRIVOLITEV V MOLEKULARNO GENETSKE RAZISKAVE

PRIVOLITEV ZA MOLEKULARNO GENETSKE PREISKAVE (CONSENT FORM FOR MOLECULAR GENETIC ANALYSIS)

Pacient, Patient:

Datum rojstva, DOB:

Strinjam se, da se opravijo preiskave glede genetskih napak (mutacij) iz krvi in/ali drugega materiala pri meni/mojem otroku.
I here with agree that blood and/or other material of myself/my child will be investigated for genetic changes (mutations).

Potrjujem, da sem seznanjen z možnostmi in omejitvami genetskih preiskav.
I confirm, that I was informed about the possibilities and limitations of genetic analysis.

Z rezultati preiskav me bo seznanil lečeči zdravnik, podatki ne bodo posredovani nepooblaščenim.
The results will be discussed by the caring physician; they are not handed to a third party.

Kraj in datum, Place&date:

Podpis bolnika/staršev, Signature of patient/parents:

Podpis zdravnika, Signature of doctor:

Dovoljujem uporabo dednega materiala v raziskovalne namene in objavo rezultatov v strokovni literaturi.
I here with agree that the results are used for research and published as scientific article.

Podpis bolnika/staršev, Signature of patient/parents: