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| MODUL INFORMED CONSENT FOR THE PERFORMANCE OF THE GENETIC PRENATAL TEST | Cod MOD 05 IOSO1SSDGM Data: 09/11/2018 Rev. 0 |
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v for medical-scientific / statistical research activities directly linked to the genetic investigation in progress.

I AUTHORIZE I DO NOT AUTHORIZE the communication of the results obtained from the aforementioned analyzes at

v undersigned

v through the attending physician Dr _____

I AUTHORIZE I DO NOT AUTHORIZE family members belonging to the same genetic line, to participate in the results of the investigations if a conscious reproductive choice is indispensable for the protection of their health, or if it is justified by preventive or therapeutic interventions, and if they request it

I AGREE I DO NOT AGREE to the transfer of the biological sample and to the processing of sensitive / genetic data at other external structures on behalf of the laboratory in the case of in-depth diagnostics and to be informed about the results obtained if they represent a concrete benefit.

External structure name _____

I AGREE I DO NOT AGREE that the biological material collected is kept until the end of the diagnostic process and that the biological materials and the resulting reports can be used for studies and research aimed at protecting the community in the medical, biomedical and epidemiological fields, with particular reference to programs to verify the quality of the performance of clinical analysis laboratories, guaranteeing the anonymity of the patient.

WANTING NOT WANTING

To be contacted personally

v To Be available through Mr. _____ Phone _____

Healthcare personnel who have access to personal, sensitive and genetic data comply with the rules of the Privacy

*Law pursuant to the **General Data Protection Regulation of the European Union 2016/679 (GDPR)***

Date, _____ Signature _____

Signature of the person who collected and illustrated the consent

Azienda Socio Sanitaria Territoriale dei Sette Laghi

Direzione e sede: viale Borri 57 - 21100 Varese - www.asst-settelaghi.it - P.Iva e C.F. 03510050127

Presidio di Varese Ospedale di Circolo Fondazione Macchi, viale Borri 57 - 21100 Varese

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I also declare that I am aware of the possibility of REVOKING this consent at any time by means of written communication to the competent structure.

| | |
|---------------------------------------------------|-----------------|
| <i>The undersigned</i> _____ | <i>On</i> _____ |
| <i>Declare to want REVOKING the above consent</i> | |
| <i>Signature</i> _____ | |

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