INFORMED CONSENT OF THE PATIENT

TO MICROBIOLOGICAL LABORATORY EXAMINATION AND PROVISION/ PROCESSING OF PERSONAL DATA

GHC GENETICS

PERSONAL DATA OF PATIENT

Name and surname

Personal ID number

PURPOSE OF MICROBIOLOGICAL LABORATORY EXAMINATION

- ◯ Verification/confirmation of diagnosis
- ◯ Detection of pathogen infection

ANTICIPATED BENEFIT OF THIS EXAMINATION

Knowledge of the disease and the presence of the pathogen can lead to a more precise diagnosis, better treatment options and prevention of possible complications.

POSSIBLE LIMITATIONS IN THE PATIENT'S USUAL LIFESTYLE AND ABILITY TO WORK FOLLOWING THE EXAMINATION, POSSIBLE CHANGES IN MEDICAL FITNESS

Despite compliance with all usual procedures, it may be necessary to repeat the examination. The result of the examination may be stressful for the patient.

IMPACT OF THE EXAMINATION ON THE PATIENT'S HEALTH, INCLUDING THE HEALTH OF PARTNERS, AND INFORMATION REGARDING FOLLOW-UP TREATMENT

a) Pursuant to Decree No. 306/2012 Coll., in the case of a reactive sample for syphilis or HIV, the sample is always sent to the National Reference Laboratory for confirmatory testing. If positivity is confirmed, a report is made to the relevant public health authority and the patient is obliged to start treatment at the venereology department

b) In the case of other positive results apart from syphilis and HIV, the patient is responsible for his/her own subsequent treatment and the subsequent treatment of his/her sexual partners

c) Pregnant women should always discuss the results with their doctor

d) A negative result does not mean that the patient cannot be infected with the pathogen which is being tested for or any other pathogen. In the event of persistent clinical difficulties, medical attention must be sought. In the case of HIV, syphilis and HCV, testing is performed for antibodies which may take several weeks to form. The result may therefore be negative in the first few days after infection and this test should be performed 3-6 months after possible infection.

e) A negative result does not mean that you cannot get infected in the future.

NATURE OF THE EXAMINATION

Examination of biological material for detection of sexually transmitted and infectious diseases.

POSSIBLE RISKS AND CONSEQUENCES OF THE EXAMINATION

Common risks associated with the collection of biological material, especially haematomas, infections or reactions to disinfection.

I CONSENT TO THE COLLECTION OF BIOLOGICAL MATERIAL AND TO THE PERFORMANCE OF THE FOLLOWING EXAMINATIONS FOR THE PURPOSE STATED ABOVE

Microbiological examinations

material

- ◯ Specimen venous blood
- ◯ cervical smear
- ◯ urethral smear
- ◯ throat swab
- ◯ rectal swab
- ◯ urine

Other

DISPOSAL OF THE SAMPLE

Samples for microbiological analysis are stored until the analysis has been completed (an exception to this is constituted by TORCH samples, which are stored for a period of 1 year to ensure the possibility of retesting for the duration of the patient's pregnancy). After this period, all biological materials are disposed of safely as infectious waste and a record is drawn up of their disposal.

DECLARATION OF THE DOCTOR

I hereby declare that I have clearly and comprehensibly explained to the patient the purpose, nature, expected benefits, consequences and possible risks of the above-mentioned laboratory examination. I have also informed the patient of the possible results and the consequences of it not being possible for the examination to be performed for the purpose stated above (failure of the examination) or it not having the necessary explanatory power to fulfil the intended purpose. I have also informed the patient of the possible risks and consequences of a positive or negative result. I advised the patient of the need for follow-up treatment in the event of a positive result and of the obligation to report infectious diseases pursuant to Decree No. 306/2012 Coll. The results of the laboratory examination will be confidential and will not be disclosed to any third party without the consent of the patient/legal representative of the patient, unless otherwise stipulated by the applicable legislation.

Name of doctor

Date

Signature and stamp of doctor

A copy of this document (confirmed by the doctor) is provided for the use of other parties involved in the diagnosis.

DECLARATION OF THE PATIENT

I hereby declare that I have been provided information and instruction relating to laboratory examination of the type mentioned above. The purpose, nature, benefits and risks of this examination and its possible alternatives have been clearly and comprehensibly explained to me and I was given sufficient time and information to understand all the relevant and necessary information. If I had any questions, I was given the opportunity to ask additional questions in person, by telephone or electronically before signing this informed consent. I am aware that based on the results, I may be recommended treatment and may be advised to make lifestyle changes and have more frequent medical check-ups than I have undergone until now. I am aware that a negative genetic laboratory examination result does not guarantee that the disease will not affect my health or that the disease will not manifest itself, as I am aware that the result of the examination may for example have been affected by a sampling error, use of antibiotics and in the case of HIV, syphilis, and hepatitis, the antibodies do not appear in the body until several weeks after infection. I am also aware that other factors, undetectable by laboratory examination and beyond the control of the controller (e.g. lifestyle) contribute to the onset of these diseases. I have been informed of the fact that the genetic laboratory examination may be performed by a member of staff other than the one who provided me with the instruction and information about the genetic laboratory examination. On the basis of this instruction, I hereby declare that I consent to collection of the biological material specified above.I have not concealed any facts which could influence the choice and performance of the genetic examination/genetic laboratory examination or which could endanger other persons.

Date

Signature of patient (legal representative)

The provider of genetic laboratory examination, in its capacity as the controller of the personal data provided to it on the basis of the healthcare services provided, undertakes to process such personal data in compliance with legal regulations, in particular Act No. 372/2011 on Healthcare Services and Conditions of their Provision (Act on Healthcare Services), Act No. 373/2011 on Specific Healthcare Services and Regulation (EU) 2016/679 of the European Parliament and of the Council. "Information relating to processing of the client's personal data by GHC GENETICS s.r.o. is available on the website www.ghcgenetics.cz and Information relating to processing of the client's personal data by the Laboratoře lékařské genetiky s.r.o. is available on the website www.prenet.cz.

Before performance of genetic laboratory examination, the patient must inform the doctor of any allergic reactions and serious illnesses which the patient is being treated for.

GHG GENETICS, s.r.o.

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Scope of accreditation at **www.ghcgenetics.cz**