



DAI PATOLOGIA E DIAGNOSTICA UOC Laboratorio Analisi – Borgo Trento/Borgo Roma	MU GBM 301555/304555 41
Patient informed consent for genetic test and for the storage of biological material for iron disorders	Rev 0 del 03.02.14 Pag 1 di 1

Full name _____

Place of birth _____ Date of birth ____/____/____

Geographical origin _____

Address _____ n° _____ Prov _____

CAP _____ Phone number _____

ID card _____

I undersigned, I've been informed about the meaning and the implications resulting from the results of **genetic test** carried out for

Hereditary Hemochromatosis
 α-thalassemia
 β- thalassemia
 other _____

I GIVE MY FULL CONSENT

- to give blood sample/biological specimens obtained from me **yes** **no**
- to involve, if needed, other members of my family in order to accomplish the test **yes** **no**
- to store the sample up to one year following the test for further possible analysis that could be helpful for the future diagnosis/therapy of the disease **yes** **no**
- to the use of the data for anonymous scientific studies **yes** **no**

The results of the genetic test, like any other medical report, will be considered strictly confidential and characterized by professional confidentiality. Anonymity and privacy about specimen origin and genetic data will be guaranteed, with regard to D.L. N°196/03.

Date _____ Signature _____

Health worker who gathered the consent form:	
Full Name _____	Department/Institution _____
Phone n° _____	Fax _____ E-mail _____
Signature _____	

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Data emissione / aggiornamento	03.02.2014	File name	MU GBM 301555/304555 41 Modulo per l'acquisizione del consenso informato all'esecuzione dei test genetici e alla conservazione del materiale biologico per l'Ambulatorio dedicato delle Malattie del Ferro_english version
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