

Information about Genetic Testing acc. to the German Genetic Diagnostics Act (Gendiagnostikgesetz GenDG)

What is the purpose/ aim of the test?
The aim of the test is to either include a paternity or biological relationship (relatedness) with a probability of >99.9% or exclude it. The result allows only to derive conclusions about a possible existing degree of (genetic) relatedness. It does NOT permit to draw conclusions about potentially existing diseases any other medical conditions or their medical treatment.

What happens with my sample?
The test is carried out using a buccal swab which has been taken from the oral cavity. There is no health risk for the participating parties at any time. Only the tests necessary for determining parentage/ relatedness will be carried out. Exclusively certain hereditary parts of the DNA necessary for paternity/ relationship testing will be analysed.The DNA will only be analysed for certain hereditary traits by us. The data thus created will be stored together with the result of the test and all the personal data according to § 17, Abs.5 GenDG for 30 years. The genetic sample will be destroyed immediately after completion of the test.

Who has to give consent?
Written consent for carrying out a paternity/ relatedness test has to be given by all parties involved. For children under age all persons having parental care and custody for the child must consent. You have the right to withdraw consent (written or orally) at any time.
According to the GenDG §17 Abs.3 persons not capable of giving consent have to be informed about the test in an appropriate way to enable them to understand the procedure and meaning of the test within their means. Persons not capable of giving consent cannot refuse being tested or their sample being taken, their legal guardian has to be informed of the test and may consent on the person's behalf.

Who receives the test result?
All parties/ persons involved in the testing have a right to gain knowledge about the result of the parentage test. If you do not wish to know the result of the test or parts of it, you can make use of your right to refuse knowledge.

Consent to genetic parentage testing (acc. to Genetic Diagnostics Act (GenDG))
I have been fully informed about genetic parentage testing (§17 GenDG). All my questions regarding the test have been clarified. I have fully understood the procedure and scope of the test. I have made this decision for the test in the best interest of my child. I consent to the test and taking of the necessary samples for the test. I have been informed that I can withdraw my consent at any time.

Right of revocation:
According to § 355 of the German Civil Code (BGB) clients may cancel this contract in written form within two weeks without stating reasons (i.e. by letter, fax or e-mail). To exercise their right of revocation the written withdrawal must be sent in good time to Eurofins Medigenomix Forensik GmbH, Fax: 0049 - 8092 / 8289 201 or email VaterschaftsAnalyse@eurofins.com

Result of a revocation
According to § 312d, 3, the right of revocation expires if the contract was performed in full by both parties at the expressed wish of the consumer before the consumer exercised his right of revocation (submission of all samples, all forms properly completed and signed, full advance payment, DNA report completed and posted). In case you exercise your right of revocation after having submitted all documents, samples and the payment we will have already started the analysis. You will then have to pay for the actual accrued costs.

In case you cancel your order we will refund all payments immediately but no later than 14 days after having received your withdrawal. We will refund your payment by the same way of payment with which we have received your original payment. We will not debit you with any payment charges for the refund.

If the analysis has not been started with the fee is € 20 to cover the administrative costs.

Order No.: _ _ _ _ _

Thank you for choosing our laboratory for your DNA analysis.

Together with your sampler, please fill in this form and **sign in the green boxes**.

Please be aware that you are responsible for the legitimacy of all samples and documents.
All DNA tests must have a witnessed sampling (page 3)

	Service/ Analysis	Price inkl. 19% VAT	€ total
	Paternity Test Premium , alleged father & child or alleged father, child & mother. 31 DNA markers	299 €	
	Paternity Test DUO , alleged father & child, 21 DNA markers	149 €	
	Additional person for Paternity Test DUO	70 €	
	Sibling Test , up to 3 participants, 21-45 DNA markers. Determines half and full siblings	489 €	
	Relationship Analysis , up to 3 participants, 21-45 DNA markers	489 €	
	Twin Zygosity Testing . 2 participants.	170 €	
	Additional participants for above tests (add. alleged father, child or further relations)	119 €	
	Relationship testing for immigration purposes . Per participant	150 €	
	Test for presence of Bodyfluids	125 €	
	Analysis of trace samples (stamps, glasses frame, earplugs, comb, etc)	125 €	
	DNA report , send by email in advance (PDF)	10 €	
	Express-Service „Over-Night“ Result report sent via email 1 working day after receipt of samples + payment. Original report by postal mail.	299 €	
	Witnessed collection of samples in our business premises	79 €	
	Organisation of witnessed taking of samples abroad	249 €	
		€ total	

Place, Date

Signature

Please keep in mind that your analysis will be started only after receipt of the full amount due.
Please provide the order ID in the reference text of your payment. Only then we can match the payment with your order and samples.

For money transfers from non-EU countries please consider the bank fees (e.g. Swiss: 5 €) and add the respective amount.

☐ Paypal payment to vaterschaftstests@eurofins.com

☐ Bank Transfer. *Reference:* Your personal Order ID
Account Holder: Eurofins Medigenomix Forensik GmbH - *Name of Bank:* UniCredit

Bank Sorting Code: 207 300 17 Account No: 700 000 265 0
IBAN: DE52 2073 0017 7000 0026 50 SWIFT (BIC): HYVEDEMM17

☐ Credit Card
Please give us your email address. We will send your personal payment link to this address

You are responsible for the legitimacy of all samples and documents. Without a properly completed and signed consent (by all persons concerned) we cannot start the analysis. 2 samples per person are required as a repetition of the test is routinely performed with the second sample in case of a paternity exclusion.

According to the German Gene Diagnostics Act each DNA sampling has to be witnessed by a neutral and experienced person. Thus your identity and with it the unequivocal allocation of the samples can be guaranteed.

The sampling for a DNA analysis must be carried out by a neutral person. According to the law this person should be a physician (e. g. , your family doctor), an employee of the youth welfare office or the health office, a pharmacist, hospital staff or a midwife. The samples may be also taken by us as your chosen lab.

All parties/ persons involved in the testing have a right to gain knowledge about the result of the parentage test. If you do not wish to know the result of the test or parts of it, you can make use of your right to refuse knowledge.

If you wish to receive your DNA report please tick the box in the Consent Statement on page 3.

Your signature on page 3, Consent to a Genetic Parentage Test and the processing of your data

With your signature you

Consent to conduct a genetic parentage testing (acc. to Genetic Diagnostics Act (GenDG))

- ✓ you have understood the Information about Genetic Testing (§17 GenDG)
- ✓ you consent to the parentage testing and the necessary data processing
- ✓ you affirm the correct assignment of your samples into the proper sample envelope. The sample envelope is labelled correctly
- ✓ your blood building organs have not been affected within the last 3 months nor have you received a bone marrow transplantation

Consent to the Data Protection (acc. to the German Data Protection Act (Bundesdatenschutzgesetz (BDSG)))


I have been informed which data are stored for the test and the period of time they are stored for. I agree to the processing of my and the child's personal data necessary for the test as detailed in the written information. I assure to have made the decision under full consideration of the child's welfare. I am aware of the fact that the data processed within the scope of the test are personal data (§ 3, Abs. 9, BDSG).

Keep this place clear for internal information				
	PUTATIVE FATHER	MOTHER	CHILD OR FURTHER PARTICIPANT	CHILD OR FURTHER PARTICIPANT
Barcode				
For laboratory purpose only - Do not write on this.				
Your comments				

Consent & Sample Statement with Proof of Identity

(According to the law, this page will be kept as documentation for 30 years. Please read the attached flyer with information for the witnessed sampling)


▶▶ **Participants under age? All persons having custody must sign.** ◀◀
Only 1 person signing, this persons affirms sole custody for the child with this signature.

Order ID _____				
please put in print	PUTATIVE FATHER	MOTHER	CHILD OR FURTHER PARTICIPANT	CHILD OR FURTHER PARTICIPANT
Yes, please send a DNA report to:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Name				
Last Name				
Place of Birth				
Date of Birth				
Signature 				
We strongly recommend to give us your mail address or phone no in cases of enquiries				
Email address or phone no.				

Declaration of Sampler:

- ☐ I hereby consent for you to record my data as a sampler for witnessed samplings. You may pass on my contact details to prospective clients who look for a sampler
- ☒ I have personally taken the samples of each participant and all samples and forms have been posted by myself
- ☒ The samples have been assigned to the proper sample envelopes
- ☒ All personal data is in accordance with the respective IDs and/ or birth certificates
- ☒ I have documented the sampling by clear photos of each participant (finger- or foot prints for babies possible)
- ☒ I do not have any personal relationship, neither am I related directly nor by marriage to any of the participants

For further enquiries please contact me at phone no.: _____

Institution	e.g. Physician or Public Health Service, Hospital, Pharmacy
Address	
Postal Code, City	
Name	
Date	
Signature	

Please stamp here
(Job title for non-medical samplers)