

## 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.

### 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).

### 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](mailto:VaterschaftsAnalyse@eurofins.com).

Also see: [www.vaterschaftsanalyse.de/revocation](http://www.vaterschaftsanalyse.de/revocation)

In case of an effective revocation a fee for the actual accrued costs will have to be paid. If the analysis has not been started with the fee is € 20 to cover the administrative costs.

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).

Thank you for choosing our laboratory for your DNA analysis. We are one of the leading Bio-Tech companies in Germany offering DNA paternity tests and extended family analyses. We will do our utmost to conduct your test quickly and carefully to provide you with the information you need. In case of questions please call: 0049 - 8092 8289 222.

Please be aware, 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.

|  | Service/ Analysis  | Price<br>inkl. 19% VAT | € total |
|--|--|------------------------|---------|
|  | <b>Paternity Test Standard</b> , alleged father & child (Test mother optional for free) 21 DNA markers   | 219 €                  |         |
|  | <b>Additional person</b> for Paternity Test Standard (add. child or further alleged father)  | 99 €                   |         |
|  | <b>Paternity Test Premium</b> , alleged father & child (Test mother optional for free) 31 DNA markers  | 299 €                  |         |
|  | <b>Sibling Test</b> , up to 3 participants, 21-45 DNA markers. Determines half and full siblings   | 380 €                  |         |
|  | <b>Relationship Analysis</b> , up to 3 participants, 21-45 DNA markers   | 489 €                  |         |
|  | <b>Additional participants for above tests</b> (add. alleged father, child or further relations)   | 119 €                  |         |
|  | <b>Letter</b> to public authorities at your request  | 25 €                   |         |
|  | <b>DNA report</b> , send by email in advance (PDF)   | 10 €                   |         |
|  | <b>Express-Service „Over-Night“</b> Result report sent via email 1 working day after receipt of samples + payment. Original report by postal mail. | 299 €                  |         |
|  | <b>Witnessed collection of samples</b> in our business premises  | 79 €                   |         |
|  | Organisation of witnessed <b>taking of samples abroad</b>  | 249 €                  |         |
|  |  | <b>€ total</b>         |         |

I have read and consent to the General Terms and Conditions.

|                      |                      |
|----------------------|----------------------|
| Place, Date          | Signature            |
| <input type="text"/> | <input type="text"/> |

**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 on our website [www.VaterschaftsTests.de/payment-options](http://www.VaterschaftsTests.de/payment-options)
- Bank Transfer. *Reference:* Your personal Order ID  
*Account Holder:* Eurofins Medigenomix Forensik GmbH - *Name of Bank:* Nord/LB  
 Bank Sorting Code: 250 500 00 - Account No: 200 350 189 - IBAN: DE76 2505 0000 0200 3501 89 - SWIFT (BIC): NOLA DE 2HXXX
- Credit Card  
 MasterCard     Visa Card

Total sum \_\_\_\_\_ Credit Card Owner \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Valid thru \_\_\_\_\_  
 Check digits (PIN) \_\_\_\_\_ (on the back of your card, last 3 digits)

I hereby authorise Eurofins Medigenomix Forensik GmbH to debit my credit card with the one-off amount mentioned above.

|                      |                                   |
|----------------------|-----------------------------------|
| Place, Date          | Signature for Credit Card Payment |
| <input type="text"/> | <input type="text"/>              |

(Please print)

|   |                       |                       |                              |                              |
|---|-----------------------|-----------------------|------------------------------|------------------------------|
| <b>Order No.:</b> _____   |                       |                       |                              |                              |
|   | ALLEGED 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   |                       |                       |                              |                              |
| Address   |                       |                       |                              |                              |
| Postal Code, City   |                       |                       |                              |                              |
| <b>We strongly recommend to give us your mail address or phone no in cases of enquiries</b> |                       |                       |                              |                              |
| Email address or phone no.  |                       |                       |                              |                              |
| Keep this place clear for internal information  |                       |                       |                              |                              |
| Barcode   |                       |                       |                              |                              |
| <b>For laboratory purpose only - Do not write on this.</b>                                  |                       |                       |                              |                              |
| <b>Your comments</b>  |                       |                       |                              |                              |

 **Everything complete?**

- All documents enclosed (incl copy of mother's ID for „DUO“ paternity test)  
Photos, Copies of IDs and/ or birth certificates
- All forms signed where indicated 
- All documentation will be sent back to Eurofins by the sampler
- Fees paid?

## Consent & Sample Statement with Proof of Identity

### Participant's personal data

(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)

Please print:

Name of orderer: \_\_\_\_\_

Only test participants are entitled to receive the DNA report independent of the fact who ordered the test. Other persons, such as lawyers, physicians, Youth Welfare employees etc may be informed of the results through the participants only.

▶▶ **Participants under age? All persons having custody MUST sign in the field „Child“** ◀◀  
Only 1 person signing, this persons affirms sole custody for the child with this signature.

|   | ALLEGED FATHER       | MOTHER               | CHILD OR FURTHER PERSON | CHILD OR FURTHER PERSON |
|---|----------------------|----------------------|-------------------------|-------------------------|
| First Name  |                      |                      |                         |                         |
| Last Name   |                      |                      |                         |                         |
| Place of Birth  |                      |                      |                         |                         |
| Date of Birth   |                      |                      |                         |                         |
| Signature  | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/>    |

**With my signature I confirm:**

- ✓ to have understood the Information about Genetic Testing (see page 4).
- ✓ I consent to the parentage testing and the necessary data processing.
- ✓ the correct assignment of my samples into the proper sample envelope. The sample envelope is labelled correctly.
- ✓ that my blood building organs have not been affected within the last 3 months nor have I received a bone marrow transplantation.

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

**Declaration of 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<br>e.g. Physician or Public Health Service, Hospital, Pharmacy | Please stamp here<br>(incl. job title for non-medical samplers) |
| Address  |   |
| Postal Code, City  |   |
| Name   |   |
| Date   |   |

Signature of Sampler 