
Declaration of Consent

to carry out a genetic analysis (MARK53 analysis)

I, _____
Last name, first name in block letters

Date of Birth _____

I expressly agree to the performance of the MARK53 gene analysis from the tumor tissue removed from me and the use of my clinical data.

I confirm that I have been informed by the doctor I consulted about the nature, scope and significance of the planned genetic analysis in accordance with the Austrian Genetic Engineering Act.

I expressly authorize the request for my tumor tissue and my histological findings and request the responsible pathology department to provide histological section or block tissue for the implementation of the MARK53 analysis.

I consent to any remaining sample material being used anonymously for quality control and scientific purposes, as well as the use of my clinical data for scientific evaluations.

Date

Client

Univ.-Prof. Dr. Daniela Kandioler, MBA eh