

## Informed consent of the customer (or legal guardian) to the genetic genealogical testing

### Basic information

The genetic genealogical tests are a special examination by which the presence or absence of hereditary markers in the person examined, according to which a person can be assigned to a genealogical haplogroup, is confirmed or excluded. From these genetic genealogical tests you cannot draw any conclusions about the health condition of the person. The genetic test is voluntary and your informed consent to the test is needed because we are dealing with confidential information.

### Information of the customer (please, complete legibly as we need these data for sending you the test results)

First name and surname

Date of birth

Address

E-mail (non-obligatory)

Phone (non-obligatory)

**Molecular-genetic examination** (cross the selected tests):

mtDNA-test – maternal line

Y-DNA-test paternal line

**Type of DNA-sample:** Buccal (cheek) swab. The sample will be destroyed after handing over the test results to the customer according to the applicable guidelines with the risk that the result cannot be verified in future, if necessary. Further genetic testing will require collection of new samples.

### CONSENT

**I, the customer (legal guardian),** hereby declare that I have read the information about the test (principle, purpose, character, procedure). **I had the opportunity to ask supplementary questions and if I asked I got answers to all my questions.**

**Based on this information I hereby give my CONSENT to perform the selected genealogical tests.** I understand that the result of my genetic genealogical test can have emotional effects on me. The test results are strictly confidential and will be delivered to the address mentioned above and will not be disclosed to any other person.

Customer's signature (of the legal guardian)

Date and place

Identification of the legal guardian

First name and surname:

Date of birth:

Relationship to the customer: