

Laboratoire de Diagnostic Moléculaire et Génomique Service de Médecine Génétique Département Diagnostique



Transfer of genetic data generated at HUG

I, the undersigne	d, Madam/Sir/Other		
born on :			
living in (address	s)		
authorize, at my	request, the Genetic Medicine [Department (SMG) of the HUG	to transfer the raw genetic data
produced during	the high-throughput sequencing	of the exome or the genome o	f
	my child :		_ born on
	representing :		born on
	myself		
Data recipient: _			
Transfer mode:	☐ Secure download	☐ Physical medium	
cannot therefor	e be held liable for any dama	age, material or immaterial, t	for their security and use. The HUG that the holder of the data may suffer ack of security due to the recipient.
Place:			
Date:			
			Signature

Our analysis request form can be downloaded from the link on the WEB: https://www.hug.ch/feuilles-de-demande/

or by scanning this barcode with your smartphone/tablet, then going to Service de Médecine Génétique, then laboratoire de Diagnostic Moléculaire et Génomique:



IMPORTANT

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