

# PRELIMINARY INQUIRY

Expert Opinion | Human Genetics

\* = Required field

## Instructions for completion

Pages 1–2: General Information – please fill out completely.

Pages 3–4: Type-specific additions – please complete only the section that corresponds to your type of report.

Submission of this form does not establish a client-attorney relationship.

Your data will be treated confidentially (GDPR / GenDG).

## 1 Client Information — always complete

### Position / Role \*

- Court  Attorney / Law Firm  Health insurance  
 Pension insurance  Employer  Child Welfare Services
- Other

Title / Last Name \*

First name \*

Institution / Law Firm / Court

e.g., Munich Regional Court I, Mayer &amp; Partner Law Firm, DAK Health

Street and house number \*

Zip Code / City \*

Email \*

Phone \*

Case number (if available)

Preferred contact time

e.g., Mon–Fri 9 a.m.–12 p.m.

## 2 Personal information — always fill out

Name (or anonymized / pseudonymized) \*

Date of birth \*

First and last name or, for example, "Patient A"

DD.MM.YYYY

### Gender

- male  female  diverse  not specified

Current diagnosis(es) (if known) \*

e.g., cystic fibrosis, Fragile X syndrome, Marfan syndrome, undiagnosed syndrome

Affected gene / variant (if known)

ICD-10 / ICD-11 (if known)

e.g., CFTR c.1521\_1523delCTT; FBN1 c.5788G&gt;T; BRCA1 c.5266dupC

e.g., Q89.7, LD90.0

Is a molecular genetic report available? \*

- Yes, available  Yes, to follow  No, not yet performed  Not expected

Consent for in-person examination?

Language skills of the affected person

 Yes  No  Not yet determined

e.g., German, Turkish, Arabic

**3 Type of report — always fill out**

Multiple selections allowed. Please complete the applicable section(s) on pages 3–4.

- A**  **Diagnostic report** – Is the genetic diagnosis correct and confirmed?
- B**  **Causality report** – Causal relationship between genetic findings and clinical impairment
- C**  **Social Security Law** – Degree of disability, reduced earning capacity, care level
- D**  **Prenatal reports** – NIPT, amniocentesis, de novo mutation, mosaic diagnosis
- E**  **Liability / Medical Malpractice** – Laboratory Liability, Misdiagnosis, Failure to Diagnose
- F**  **Variant assessment (ACMG)** – Was the classification of a variant correct?
- G**  **Other:**

**Client’s role in the proceedings \***

- Court (neutral)  Plaintiff / Petitioner  Defendant  Insurance  Private client

**Status of proceedings**

**Counter-expert appointed?**

**Is a preliminary expert opinion available?**

*e.g., order for evidence, appeal*

Yes  No  Unknown

Yes, attached  Yes, to follow  No

**Key questions for the expert \* (or attach order for evidence)**

*Please formulate your main questions. If necessary, refer to the court’s order for evidence...*

**4 Deadlines and billing — always fill out**

**Desired completion date**

**Court date (if fixed)**

**Billing \***

*DD.MM.YYYY*

*DD.MM.YYYY*

- JVEG  GOÄ  Flat fee  
 Open

**Urgency \***

- Normal (4–8 weeks)  Increased urgency (2–4 weeks)  Very urgent (<2 weeks)  
 No time pressure

**Preferred language for the report**

- German  English  Bilingual DE/EN

**5 Documents to be submitted — always complete**

Please check the applicable box. Missing required documents will delay processing.

**REQUIRED**

- Molecular genetic test report(s) from the laboratory

**REQUIRED**

- Medical records / doctor’s letters (complete or in part)

**RECOMMEN  
DED**

- Court order for evidence / letter of instruction

**RECOMMEN  
DED**

- Preliminary expert opinion (if available)

**OPTIONAL**

- Imaging (MRI, CT, X-ray) with findings report

**OPTIONAL**

- Developmental diagnostics / neuropsychological reports

**OPTIONAL**

- Complaint / Answer to the complaint (liability cases)

**OPTIONAL**

- Maternal health record / pregnancy documentation (prenatal)

**OPTIONAL**

- Other documents:

## Type-specific additions

Please fill out ONLY the section that corresponds to your report type (A–H).

### A+B Diagnostic and Causality Reports

Which diagnosis is to be evaluated / confirmed / refuted? \*

*Please formulate the specific diagnostic question...*

Competing diagnoses or alternative explanations?

*e.g., "Lab X: pathogen — Lab Y: VUS — The subject of dispute is the correct classification"*

Which clinical impairment should be assessed for causality? (Type B only)

*e.g., psychomotor developmental delay, visual impairment, disability*

Laboratory analysis method(s)

*e.g., NGS panel, exome sequencing, Southern blot*

ACMG classification

*e.g., Class 5 pathogenic, Class 3 VUS*

### C Social security assessment (GdB / reduced earning capacity)

What needs to be assessed? \*

- Degree of disability (GdB)    Reduced earning capacity (SGB VI)    Care level (SGB XI)  
 Disability designation    Severe disability ID card

Last occupation

*e.g., carpenter, nurse, accountant*

Current employment

- Full-time    Part-time  
 Given up    Never

Specific limitations (to be assessed)

*e.g., unable to lift >5 kg, visual impairment, intellectual disability...*

Is there already a GdB determination?

- No    Yes, GdB:

*Please attach the notice*

### D Prenatal report

Gestational age at time of diagnosis

*e.g., 13+2 weeks of gestation*

NIPT result

*e.g., Positive for Trisomy 21*

Was amniocentesis performed?

- Yes    No    Planned

Prenatal ultrasound findings

*e.g., microcephaly, head circumference <3 standard deviations, nuchal translucency 3.2 mm, AVSD, hydrops...*

Are the parents affected? (relevant if a de novo mutation is suspected)

- Both normal    Mother affected    Father affected    Unknown

## Type-specific additions (cont.)

Please fill out ONLY the section that corresponds to your report type.

### E+F Liability Report / Variant Assessment (ACMG)

What error / breach of duty is being alleged? \*

*e.g., "Laboratory classified variant as VUS even though ClinVar entry indicated pathogenicity"*

**Date of the alleged error**

*DD.MM.YYYY or time period*

**Damaging event (type / date)**

*e.g., delayed diagnosis, cancer, miscarriage*

**Data protection (GDPR / GenDG)** Your personal data will be processed exclusively for the purpose of handling this inquiry and any subsequent expert opinion request; it will not be disclosed to third parties. You may revoke your consent at any time.

I have read the privacy policy and consent to the processing of my data. \*

*By submitting this form, I declare that I am authorized to place the order and that the information provided is correct to the best of my knowledge.*

Place, Date

Signature of the client

Name in block letters

**Send the completed form to: [Email address] | [Mailing address]**

www.[your-domain].de | Tel.: [Phone number] | \* Required fields