

Medical Record No.: _____

DOB: _____/_____/_____

Patient's Name: _____

Print: Last Name, First Name

Consent for Genetic Testing

Form must be completed and signed by the ordering provider and the patient (or the patient's authorized Legal Representative).

1. I, the undersigned, am the named patient, or am the named patient's Legal Representative (parent, legal guardian, or custodian). I am aware that I may want to seek genetic counseling before I sign this consent form.

Genetic counselors have specialized training in medical genetics and psychosocial counseling. Genetic counselors can:

- Assess your risk of having a genetic condition, based on personal and family health history.
- Explain complicated genetic topics, diseases, and conditions in ways that are easier to understand.
- Tell you more about the risks, benefits, and limitations of specific genetic test options to help you decide which ones may be right for you prior to giving consent.
- Help you understand what the results of genetic tests may mean for you and your family.
- Provide emotional support as you go through the genetic testing process.

2. By signing this form, I do hereby consent to undergo genetic testing as described below.

- My healthcare provider has ordered the genetic test(s) and/or panels, as listed below ☐ or as attached ☐, for me:

- My healthcare provider has explained to me that the purpose of the genetic test(s) is to find out more about my DNA, chromosomes, genes, or gene products to:

- ☐ See if I may have, or may have a higher chance of getting, the following:

▶ Disease(s): _____

▶ Condition(s): _____

▶ Other: _____

- ☐ Get information related to drug therapy.

- No tests other than those listed above shall be performed on the sample unless authorized by me, or my Legal Representative if applicable.
- The biological sample used for testing will be destroyed not more than sixty (60) days after the sample was taken.

3. By signing this form, I am also attesting that:

- I know what the disease(s) or condition(s) listed above is and how it may affect me. I will ask my healthcare provider for more information if needed.
- I realize that genetic testing has limitations:
 - ▶ The level of certainty is specific to each test and can vary for many reasons.
 - ▶ A positive test result means that I may be at risk for, or may have, a disease or condition.
 - ▶ A positive test result does not always mean that I may get, or may have, a disease or condition.
 - ▶ A negative result does not always mean that I am not at risk for, or do not have, a disease or condition.
 - ▶ A genetic test outcome may be "inconclusive" meaning the results are not clearly positive or negative.
- I understand that genetic testing is not perfect. Although test results are usually very accurate, there is always a small chance that a test result may be a:
 - ▶ False-positive which shows a health risk when there really is not one.
 - ▶ False-negative which shows no health risk when there really is one.
- I am aware that results from genetic testing may:
 - ▶ Point towards family relations that may not have been previously known to me.
 - ▶ Show a finding which is not related to the reason for testing but could still be of medical importance.

4. Confidentiality

- All records, findings, and results of genetic testing are confidential. I understand that the categories of persons or organizations to whom my genetic test results may be released to include, but are not necessarily limited to the ordering healthcare provider, performing laboratory, health centers, healthcare providers involved in my care, other entities related to healthcare treatment, payment, operations or as otherwise allowed or as required by law.

5. Physical and Emotional Risks

- The physical risks associated with getting a genetic test are very small. All the test requires is a blood sample or, in some cases, a saliva sample or cheek swab. Risks from drawing blood include minimal discomfort and/or bruising. Infection, excess bleeding, clotting, or fainting are also possible, although unlikely.
- Genetic testing or results may trigger emotional reactions such as feeling anxious, depressed, or angry. For example, some individuals may feel distressed when finding out results, deciding next steps, sharing difficult news with others, or learning unexpected information about their health or family relationships.

6. Patient or Legal Representative Statement

- I agree to undergo genetic testing as described in this consent form and acknowledge that the purpose, benefits, risks, and limitations of this testing have been explained to my satisfaction by a healthcare professional.

Patient (or Legal Representative) Signature: _____

Printed Name: _____

Relationship (if Legal Representative): _____

Date: _____

7. Healthcare Provider Statement

- I have explained the purpose, benefits, risks, and limitations of the test(s) documented above to this patient. The patient has been given the opportunity to ask questions and/or seek genetic counseling. The patient has voluntarily decided to have the test(s) performed.

Healthcare Provider Signature: _____

Printed Name: _____

Date: _____

Medical Record No.: _____
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 Print: Last Name, First Name

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