Please fill in, sign, and fax to 949-668-7806 or 949-940-7521
OR visit QuestDiagnostics.com/consent to submit this form online

Quest Diagnostics

Informed Consent Compliance Physician.

for Germline Genetic Testing

Date ____/____/____

Name of Practice _____

Practice Phone Number _____

Practice Address _____

City, State, Zip _____

Department of Pathology & Clinical Lab
Specimen Forwarding
UnityPoint Health – St Luke's
2720 Stone Park Blvd
Sioux City, IA 51104
Ph 712-279-3184

Account Number(s) 8255 Quest Performing Lab San Juan Capistrano

* I,_____(physician name), acknowledge that:

- It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; and
- I will maintain all written consent forms as part of the patient file and make them available to Quest Diagnostics upon reasonable request.

This attestation remains in effect until an updated form is submitted.

Signature of medical practitioner:

* _____

OR: Signature of medical practitioner authorized to act on behalf of the physician practice group:

* _____

NPI _____

If signing for all physicians in a practice:

This confirms that I am authorized to act on behalf of the members of the physician practice group named above. In that capacity, I will assure that all physicians in the practice who order genetic testing for patients receive and review a copy of this document, and understand and comply with the informed consent requirements described above.

Background

Some state laws require that individuals (or their authorized representative) provide written informed consent to the physician ordering germline genetic testing and/or releasing test results.

The individual (or authorized person) must sign and date a consent form that includes:

- Statement of test purpose and description
- Statement that prior to testing, the physician ordering the test discussed with the individual the reliability of positive/negative test results and the level of certainty that a positive result for the disease or condition serves as a predictor of such disease
- Statement that the physician informed the individual about availability and importance of further testing, physician consultation and genetic counseling, and provided written information identifying a genetic counselor or medical geneticist
- General description of each disease or condition for which a test is ordered
- The name of the person or persons to whom the test results may be disclosed