

# Genetic Testing Consent Form Template

The **genetic testing consent form template** is designed to ensure clear communication and understanding between healthcare providers and patients before genetic testing. It outlines the purpose, risks, benefits, and confidentiality aspects involved in genetic analysis. Utilizing this template helps in obtaining informed consent while maintaining ethical standards in genetic research.

## 1. Participant Information

**Full Name:**

**Date of Birth:**

**Contact Number:**

## 2. Purpose of Genetic Testing

The purpose of this genetic test is to analyze your DNA to provide information that may be relevant to your health or to contribute to ongoing genetic research. The results may offer insights into genetic predispositions to certain diseases or conditions.

## 3. Risks and Benefits

**Risks:** Genetic testing may reveal information that could cause emotional distress or anxiety, impact insurance or employment, or affect family dynamics.

**Benefits:** Results can help with early diagnosis, informed medical decisions, and may contribute to advances in genetic research and knowledge.

## 4. Confidentiality

All information obtained from this genetic test will be kept confidential in accordance with applicable laws and regulations. Your data will be de-identified for research purposes and will not be shared without your permission, except as required by law.

## 5. Voluntary Participation and Withdrawal

Participation in genetic testing is entirely voluntary. You may withdraw your consent at any time without penalty or loss of benefits to which you are otherwise entitled.

## 6. Contact Information

If you have any questions or concerns about the genetic testing or your rights as a participant, please contact:

**Healthcare Provider/Researcher:**

**Phone:**

**Email:**

## 7. Consent and Signature

I have read and understand the information provided above. I have had the opportunity to ask questions and all my questions have been answered. By signing below, I voluntarily agree to participate in genetic testing.

**Participant Signature:**

**Date:**

**Witness Signature (if required):**

**Date:**