

Inherited Cancer Genetic Testing Consent Form

This **inherited cancer genetic testing consent template** provides a clear and comprehensive document to ensure patients understand the scope and implications of genetic testing for hereditary cancers. It facilitates informed decision-making by outlining potential risks, benefits, and privacy considerations. Utilizing this template helps healthcare providers maintain ethical standards and legal compliance during the consent process.

Patient Information

Name: _____

Date of Birth: _____

Medical Record Number (if applicable): _____

Date of Consent: _____

Purpose of Genetic Testing

The purpose of this genetic test is to assess whether you carry genetic variants linked to an increased risk of developing hereditary cancers. This information may:

- Help determine your individual risk of certain cancers
- Assist in medical management and screening recommendations
- Provide relevant information for your family members

Benefits of Testing

- Personalized medical recommendations
- Information for family planning and risk to relatives
- Possible eligibility for clinical trials or targeted therapies

Risks and Limitations

- Emotional or psychological distress upon learning results
- Possible implications for insurance, employment, or privacy
- Test may not identify all hereditary cancer risks
- Uncertain or inconclusive results may be returned

Confidentiality and Privacy

- Your genetic information will be kept confidential as required by law.
- Results may be shared with your healthcare team for clinical care.
- I consent to sharing my results with other family members (optional)

Voluntary Participation

Participation is voluntary. You may withdraw your consent or decline testing at any time without affecting your medical care.

Questions and Support

Please ask your healthcare provider any questions you have about the test, its possible results, or how this information will be used.

Signatures

By signing below, you acknowledge that you have read and understood the information provided above, have had the opportunity to ask questions, and voluntarily consent to inherited cancer genetic testing.

Patient Signature: _____ Date: _____

Witness/Provider
Signature: _____ Date: _____