

Pharmacogenetic Testing Consent Form

The **pharmacogenetic testing consent form** is a crucial document that informs patients about the purpose, benefits, and risks of genetic testing related to medication response. It ensures that individuals provide informed consent before undergoing tests that analyze how their genes affect drug efficacy and safety. Proper documentation helps protect patient rights and supports personalized medicine approaches.

1. Purpose of Testing

Pharmacogenetic testing analyzes your genes to predict how you may respond to certain medications. This can help select drugs or doses that are more likely to be effective or less likely to cause side effects.

2. Benefits

- Personalized medication choices
- Improved treatment effectiveness
- Reduced risk of adverse drug reactions

3. Risks and Limitations

- Genetic information may reveal unexpected information about health.
- Results may not apply to all medicines.
- Confidentiality of genetic data is maintained, but there are potential risks if data is disclosed inappropriately.

4. Confidentiality

Your genetic test results will be handled with the strictest confidentiality. Only authorized personnel will have access to your results, and they will not be shared without your written consent, except as required by law.

5. Voluntary Participation

Participation in pharmacogenetic testing is entirely voluntary. You may choose not to undergo testing or to withdraw your consent at any time without affecting your medical care.

6. Consent Statement

I have read and understood the information provided about pharmacogenetic testing. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I freely consent to undergo pharmacogenetic testing and understand that I may withdraw my consent at any time.

Patient Name: _____

Signature: _____

Date: _____

Healthcare Provider Name: _____

Signature: _____

Date: _____