

Clinical Genetic Panel Testing Consent Example

Before undergoing **clinical genetic panel testing**, patients must provide informed consent to ensure they understand the scope, benefits, and potential risks involved. This consent example outlines the key elements, including the purpose of testing, possible results, and implications for family members. Proper documentation safeguards patient autonomy and supports ethical medical practices.

Consent Form

Patient Information

Name:

Date of Birth:

Purpose of Testing

The purpose of this clinical genetic panel test is to identify genetic changes that may help explain your medical condition and/or assess your risk for certain genetic disorders.

Possible Results

A positive result may indicate a higher or definitive risk for certain conditions.

A negative result does not eliminate the risk of all genetic conditions.

A variant of uncertain significance (VUS) means not enough is known about the result at this time.

Benefits and Risks

Results may aid in diagnosis, management, or treatment of your condition.

Testing may detect risks for conditions in family members.

Possible risks include emotional impact, insurance discrimination, and privacy concerns.

Implications for Family Members

Your results may have implications for your biological relatives, who may also be at risk. You are encouraged to share relevant information with your family members.

Confidentiality

Your genetic test results will be treated as confidential and will only be shared with those you authorize, except as required by law.

Voluntary Participation

Participation in genetic panel testing is voluntary. You may refuse or withdraw consent at any time without impacting your medical care.

Consent

I have read and understood the information above. My questions have been answered.

I voluntarily consent to clinical genetic panel testing.

Signature:

Date:

Submit Consent