

Informed Consent Form for Genetic Testing

An **informed consent form** for genetic testing ensures that individuals understand the purpose, risks, and benefits of the procedure before proceeding. This document provides clear and concise information to help patients make knowledgeable decisions about their genetic health. Properly designed consent forms uphold ethical standards and protect patient rights during genetic testing.

Patient Information

Name: _____
Date of Birth: ____ / ____ / ____
Medical Record Number (if applicable): _____

Purpose of the Genetic Test

The purpose of this genetic test is to identify changes in your DNA that may be associated with specific health conditions or inherited traits.

Risks and Benefits

- **Benefits:** Provides information about genetic risks, potential preventative measures, and family planning decisions.
- **Risks:** Emotional impact of the information, potential for insurance or employment discrimination, and confidentiality risks.

Confidentiality

Your genetic information will be kept confidential and shared only with individuals and organizations you have authorized, as required by law.

Voluntary Participation

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

Questions and Contacts

If you have any questions regarding this test, please contact:

Name: _____
Phone: _____
Email: _____

Consent Statement

I have read and understood the information above. All my questions have been answered. I voluntarily consent to undergo genetic testing.

Patient/Guardian Signature: _____ Date: ____ / ____ / ____
Witness Signature: _____ Date: ____ / ____ / ____