

Annual Informed Consent Attestation of Compliance

for Genetic Predisposition Testing

	☐ CONSENT FOR INDIVIDUAL	PATIENT	
Date of Collection:		Accession #:	
Healthcare Drovider N			
	ame:		
Accou	Iress:		
Account #:		Dationt Da	to of Dieth.
Patient Name: Last Name First Name			
Tests Ord	ered:		
Signature for Healthca	re Practitioner in this practice that agrees to the	below ackno	wledements:
I acknowledge that:	It is my responsibility, prior to ordering any genetic test,	Print:	
	to obtain a signed, written consent form from the patient (or their authorized representative) as required		
	by applicable state law and/or regulations; and	Sign:	
•	I will maintain all written consent forms as part of the		
	patient file and make them available upon reasonable request.	NPI #:	
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	OR		
	CONSENT FOR ALL PATI		
Th	CONSENT FOR ALL PATIL e below attestation remains in effect for one (1)		nr, unless rescinded
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Sales Representative:	e below attestation remains in effect for one (1)	calendar yea	
Sales Representative:	e below attestation remains in effect for one (1)	calendar yea	Date:
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Sales Representative: Name of Practice: Practice Address: Account Number(s): Signature for Healthca	re Practitioner in this practice that agrees to the	calendar yea	Date:
Sales Representative: Name of Practice: Practice Address: Account Number(s): Signature for Healthca	re Practitioner in this practice that agrees to the It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the	calendar yea	Date:
Sales Representative: Name of Practice: Practice Address: Account Number(s): Signature for Healthca	re Practitioner in this practice that agrees to the	below ackno	Date:
Sales Representative: Name of Practice: Practice Address: Account Number(s): Signature for Healthca I acknowledge that:	re Practitioner in this practice that agrees to the It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; and I will maintain all written consent forms as part of the	below ackno	Date:
Sales Representative: Name of Practice: Practice Address: Account Number(s): Signature for Healthca I acknowledge that:	re Practitioner in this practice that agrees to the It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; and	below acknown Print:	Date:

Note to Healthcare Practitioner

New York State law requires that individuals (or their authorized representative) provide written informed consent to the Healthcare Practitioner ordering genetic predisposition testing and/or releasing test results.

The individual (or authorized person) must sign and date a consent form that includes:

- Statement of test purpose and description;
- Statement that prior to testing, the Healthcare Practitioner ordering the test discussed with the individual the reliability of positive/negative test results and the level of certainty that a positive result for the disease or condition serves as a predictor of such disease;
- Statement that the Healthcare Practitioner informed the individual about availability and importance of further testing, physician consultation and genetic counseling, and provided written information identifying a genetic counselor or medical geneticist;
- General description of each disease or condition for which a test is ordered;
- The name of the person or persons to whom the test results may be disclosed.

Return signed form to the Client Services Department (Fax # 631-755-5563 or 631-755-5567)