



UNIVERSITY of CALIFORNIA, SAN DIEGO
 SCHOOL OF MEDICINE

Molecular Genetics Laboratory

Consent Form for DNA Testing

I, _____, agree to participate in DNA testing for (disease) _____.

I give my permission to have my minor children, _____, _____, participate in DNA testing for (disease) _____.

The purpose of this test is to determine if I or my children are affected with this disease, are unaffected carriers for this disease, or are at risk to be affected with this disease in the future. I have been informed by my physician and/or genetic counselor about the possible implications the test results may have for me and my family. I have been given the opportunity to ask questions about the test and any concerns about the possible test results have been addressed.

I understand that:

1. A blood sample or other type of specimen will be obtained using a procedure which carries a very slight risk of bleeding or infection.
2. The test results will be communicated to me by my physician and/or genetic counselor in a confidential manner and will not be released to another party without my signed consent unless required by law. Results will become part of my Medical Genetics record.
3. Interpretation of test results is dependent on accurate clinical diagnosis, pedigree information, and sampling from myself and/or my children. Errors may result from technical problems and rare genetic variation leading to false positive or false negative test results.
4. The sample I/my children have submitted will only be used to test for the disease mentioned above. The DNA extracted from the sample may be stored in the laboratory after analysis unless I indicate my desire to have my DNA discarded upon completion of the test. Please discard my DNA sample upon completion of testing (initials) _____.
5. Future technical advances may be developed for this test. It may be possible in some cases to retest my DNA. If the DNA is to be reanalyzed using an advanced test, a request for additional testing must be made by a physician or genetic counselor and additional fees may apply.
6. My DNA sample may be released anonymously to another laboratory for research purposes. If the sample is released, it will be stripped of all identifying information. Any results obtained from future research cannot be linked to the original sample.

 Print name of patient or guardian

 Signature of guardian

 Signature of patient

 Date