Express Consent for Genetic Testing

During the course of your treatment at Villages Endoscopy Center, you may have the opportunity to undergo genetic testing in the event that we find what appears to be cancer or polyps which are suspicious due either to the characteristics, size or quantity, such that, based upon your age, family history or other health factors, your health care provider feels such discovery warrants genetic testing through DNA analysis related to cancer, polyposis syndrome or potentially other conditions depending on the facts and circumstances giving rise to the perceived medical benefits of such testing by your health care provider.

Genetic testing (also called DNA testing) includes "DNA analysis" which means the medical and biological examination and analysis of your DNA to identify the presence and composition of genes in your body. Such testing looks at your chromosomes, genes, and proteins. Variables in them can indicate if you're at a higher risk for certain diseases, including cancer and many other diseases.

The goal of any such genetic testing is to provide both your physician and you with additional information to make informed choices and decisions about your health care. As such, genetic testing can be an important tool to assist our providers in providing you with the best care possible.

It is important to remember that all genetic testing is optional and that unless otherwise required by law, the results will not be disclosed to any person other than you, your physician or authorized health care provider, and any other individuals or entities named below without your further written consent. The information in this packet is intended to explain the manner of collection, use, retention, maintenance and disclosure of a DNA sample or results of a DNA analysis for the specified purposes to obtain your express consent therefore. Our providers are available to answer any questions you may have about genetic testing to determine whether to provide your express consent hereunder.

GENETIC TESTING DISCLOSURES

Manner of Collecting DNA Sample for Genetic Testing

A "DNA Sample" is defined as any human biological specimen from which DNA can be extracted or a DNA extracted from such specimen.

Your DNA Sample will be collected in one of the following ways via polypectomy or biopsy.

Use and Disclosure of DNA Sample and DNA Analysis

Your DNA Sample will be provided to the designated Pathology laboratory for conducting testing as described below under the section titled Patient Express Consent. The resulting DNA Analysis that will be provided to your physician or authorized health care provider and as otherwise authorized in accordance with instruction below under the section titled Patient Express Consent. Your physician or authorized health care provider will use the DNA Analysis to formulate a treatment plan.

Retention and Maintenance of DNA Sample and DNA Analysis

The DNA sample will be retained by the pathology laboratory. The results of the DNA analysis will be maintained as part of your medical record by the ordering physician or authorized health care provider.

Note: This Express Consent for Genetic Testing may authorize every instance of the herein described specific purpose(s) or use(s) for the genetic testing approved hereby.

Patient Express Consent

I, _____ (Patient's Name) authorize my insurance assigned laboratory to conduct genetic testing for mutations, cancers, and to assist with familial prognosis, as ordered by my physician or authorized health care provider or my child's or dependent's physician or authorized health care provider, _____ (physician or health care provider's name).

The pathology laboratory will release the results of the genetic testing only to my above-named physician or health care provider, or to persons authorized by me or as required by law. I further authorize the release of my genetic test results to the following persons (if any):

_____
_____.

Patient's Statement

I, the undersigned, have been informed about the genetic test(s) manner of collection, use, retention, maintenance and disclosure of my DNA sample or results of my DNA analysis for the specified purposes and I have received a copy of the Notice of DNA Analysis. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I hereby expressly consent and agree to genetic testing.

Patient name (printed): _____

Patient signature: _____ Date: _____

_____
Parent, Legal Guardian, or Legally Authorized Representative name (printed)

_____
Parent, Legal Guardian, or Legally Authorized Representative Signature Date: _____

Witness:_____ Date: _____

Physician:_____ Date:_____

NOTICE OF DNA ANALYSIS

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