

## ATTESTATION FOR GENETIC TESTING

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_ Acc# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of sample collection: \_\_\_\_\_

Test Ordered: **CHROMOSOME TESTING**

**For AMC Lab Use Only**

Physician: \_\_\_\_\_

Faxed:(date) \_\_\_\_\_ #: \_\_\_\_\_

Date Faxed to SO Lab: \_\_\_\_\_

New York State requires laboratories to have documentation that the appropriate health care provider has obtained informed consent from patients before the laboratory conducts pre-symptomatic and carrier genetic testing. Laboratories may not release the results of such testing without the required documentation.

Informed consent includes the following:

- Patient understanding the purpose of the test
- How the test is performed
- The reliability of the test
- Alternatives to testing
- Implications of test results
- Options on how to instruct the laboratory to store, use or dispose of the sample when testing is complete.

Please check the statement applicable to this patient and sign below so that the testing laboratory may release the results for this patient.

[ ] I have ordered the above mentioned test(s) for the purpose of diagnosing an existing disease and therefore informed consent as described above is not required.

[ ] I have provided appropriate informed consent for the above mentioned test(s) and documentation of this consent is maintained in the patient record.

### **Clinical Information**

#### *Cytogenetics/FISH Indications for Testing*

- Advanced Maternal Age ( $\geq 35$ )
- Positive Serum Screen: \_\_\_\_\_
- Family Hx: \_\_\_\_\_  
relative: \_\_\_\_\_
- Abnormal fetal U/S: \_\_\_\_\_
- Repeated Spontaneous Abortions (SAB)
- Parental Cytogenetics following abnormal prenatal/child results\*

ny other indications not listed above, provide ICD-9 code: \_\_\_\_\_

Provide additional information: \_\_\_\_\_

Physician/Genetic Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Include this consent with the specimen at the time of collection.**