Attestation for Quantitative Hemoglobin Fractionation Testing

I am the physician counseling the patient named above. I have informed the patient of the nature and limitations of this test and have obtained the patient's consent for the genetic test named above.

Signature of Physician or other authorized person required  

Date

Include this attestation with the specimen at the time of collection, OR Fax to 518-262-8257, Special Chemistry Lab