

## Physician Confirmation of Informed Consent

Name of Practice \_\_\_\_\_

Practice Address \_\_\_\_\_

Date \_\_\_\_\_ Account Number \_\_\_\_\_ Lab \_\_\_\_\_  
Account Number \_\_\_\_\_ Lab \_\_\_\_\_

I, \_\_\_\_\_ (physician name), acknowledge that:

- Prior to ordering genetic testing on the patient listed below, I have obtained consent from the patient (or their authorized representative) as required by applicable state law and/or regulations.

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

DOB \_\_\_\_\_ Gender M/F \_\_\_\_\_ Collection Date \_\_\_\_\_

Tests Ordered \_\_\_\_\_

Signature of medical practitioner: \_\_\_\_\_

NPI \_\_\_\_\_

### Background

Oregon law requires that individuals (or their authorized representative) provide informed consent to the physician ordering germline genetic testing and releasing test results.

**This signed consent form should accompany test order and patient specimen UNLESS TEST ORDER CONSENT HAS BEEN SIGNED.**

For internal use only. Accession number \_\_\_\_\_

Physician Confirmation of Informed Consent – Oregon, January 2018