

Please fill in, sign, and fax to 844-595-4288

OR visit QuestDiagnostics.com/consent to submit this form online

Date: _____

Hospital/Laboratory Confirmation of Informed Consent

Name of Hospital / Laboratory _____ (“Client”)

Hospital / Laboratory Phone Number _____

Address _____

City, State & Zip _____

Account Numbers _____

Quest Diagnostics Performing Lab _____

When Quest Diagnostics receives germline genetic test orders from our hospital and laboratory clients, we require assurance that they have a process in place to comply with applicable informed consent requirements related to such testing.

For all germline genetic testing submitted to Quest Diagnostics by Client, I represent that Client has an appropriate process in place to comply with informed consent requirements under applicable state laws and/or regulations that require medical professionals who order germline genetic testing to obtain the informed consent of the patient for such testing.

This confirmation remains in effect until an update form is submitted.

Signature of hospital / laboratory official: _____

Print Name: _____

Title of hospital / laboratory official: _____

Background

Some state laws require that individuals (or their authorized representative) provide written informed consent (some states permit oral informed consent) to the physician ordering germline genetic testing and/or releasing test results.

Where applicable, the individual (or authorized person) must sign and date a consent form, or otherwise provide informed consent, that includes:

- Statement of test purpose and description
- Statement that prior to testing, the physician ordering the test discussed with the individual the reliability of positive/negative test results and the level of certainty that a positive result for the disease or condition serves as a predictor of such disease
- Statement that the physician informed the individual about availability and importance of further testing, physician consultation and genetic counseling, and provided written information identifying a genetic counselor or medical geneticist
- General description of each disease or condition for which a test is ordered
- The name of the person or persons to whom the test results may be disclosed

Hosp/Lab Confirmation of Informed Consent– January 2018