Quest Diagnostics™

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

Florida 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 – Florida, January 2018

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