

Please fill in, sign, and fax to 844-595-4288  
OR visit [QuestDiagnostics.com/consent](http://QuestDiagnostics.com/consent) to submit this form online

**Physician Confirmation of Informed Consent**

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

Practice Phone Number \_\_\_\_\_

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

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

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

- It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; and
- I will maintain all written consent forms as part of the patient file and make them available to Quest Diagnostics upon reasonable request.

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

Signature of medical practitioner:

\_\_\_\_\_

**OR:** Signature of medical practitioner authorized to act on behalf of the physician practice group:

\_\_\_\_\_

NPI \_\_\_\_\_

\_\_\_\_\_

**If signing for all physicians in a practice:**

This confirms that I am authorized to act on behalf of the members of the physician practice group named above. In that capacity, I will assure that all physicians in the practice who order genetic testing for patients receive and review a copy of this document, and understand and comply with the informed consent requirements described above.

**Background**

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

The individual (or authorized person) must sign and date a consent form 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

Physician Confirmation of Informed Consent – January 2018