BLOODCENTER of WISCONSIN™
PART OF VERSITI
Diagnostic Laboratories

DIAGNOSTIC LABORATORIES
638 N. 18th Street, Milwaukee, WI 53233-2121
Phone (414) 937-6250 Fax (414) 937-6202
(800) 245-3117, ext. 6250

Informed Consent

I request and authorize BloodCenter of Wisconsin – Diagnostic Laboratories to test my sample or my legal dependent's sample for the designated genetic condition listed below. My signature constitutes my acknowledgement that the benefits, risks, and limitations of the testing have been explained to my satisfaction by a qualified health professional.

More specifically, it has been explained to me that:

Genetic testing results may:

- Diagnose whether or not I have this condition or am at risk for developing this condition
- Indicate whether or not I am carrier for this condition
- Predict another family member has or is at risk for developing this condition
- Predict another family member is a carrier of this condition
- Be inconclusive due to technical limitations of familial genetic patterns
- Reveal inaccurate family relationships

Accuracy:

- This genetic test is specific only for the condition named below. It will not detect all mutations possible within this gene, nor detect mutations in other genes.
- The significance of the test result, including a negative result, may depend on my family history.
- Several sources of error are possible in all types of laboratory testing including genetic testing. These include, but are not limited to, clinical misdiagnosis of the condition, sample misidentification, sample contamination, and inaccurate information regarding family relationships. BloodCenter of Wisconsin uses extensive measures to avoid these errors in the samples we handle.

Confidentiality: Results and patient information are confidential and will only be released to the referring physician, institution or genetic counselor unless written consent for further distribution is provided or the laboratory directors are required by law to release this information. The laboratory will not provide results directly to patients.

Cost: Genetic testing is a fee for service test. I will be responsible for payment after testing has begun, even if I decide not to receive results.

Genetic Counseling: Implications of genetic testing can be complex involving medical, emotional and social issues. My physician may recommend genetic counseling. BloodCenter of Wisconsin – Diagnostic Laboratories can provide a referral for genetic counseling at my request. The testing fee does not cover the cost of counseling services.

Conditions of Consent: I consent to allow my sample to be stored and used for test validation, education or medical research with the understanding that all sample identification will be removed from the sample if it is used in any test other than the test requested. The sample may be stored indefinitely for these uses. Refusal to permit the use of my sample for these purposes will not affect my test result. I can withdraw my consent at any time by contacting the Diagnostic Laboratories.

Consent

Last Name _____ First Name_____

Maiden Name _____ Patient MRN#_____
(If applicable)

Date of Birth ___/___/____ Gender _____

I agree to the conditions of consent as stated above. □ Yes □ No (if not marked, consent is implied)

I request DNA analysis for the condition of _____

The intended purpose is : _____Screening _____Prenatal _____Diagnosis _____Carrier Status
_____ Predictive _____ Other_____

Test(s) to be performed:_____
This consent is applicable only for the test(s) indicated above.

Name of referring physician _____ Date_____

Signature of patient or guardian _____ Date _____

Signature of witness_____ Date _____