

Consent form

Confirmation of Informed Consent and Medical Necessity for Genetic Testing: My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges that the patient has been supplied with information regarding genetic testing and informed about the purpose, limitations, and possible risks. I attest that the tests being ordered are reasonable and medically necessary. The patient can ask questions about this consent and seek outside genetic counseling. The patient has given consent for genetic testing, and the signed consent form is on file. I confirm that this testing is medically necessary for the specified patient and that these results will be used in medical management and treatment decisions for this patient.

Provider Signature: _____ **Date (MM/DD/YYYY):** _____

NOTE: WHEN ORDERING TESTS FOR WHICH INSURANCE REIMBURSEMENT WILL BE SOUGHT, THE PROVIDER SHOULD PROVIDE ALL ICD-10 CODES FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. IF THE MEDICAL NECESSITY OF THE ORDERED TEST IS NOT PROVIDED, THE TEST MAY BE CONSIDERED A CASH-PAY SERVICE, WHERE THE PATIENT WILL BE RESPONSIBLE FOR COVERING THE TEST OF THE TEST THEMSELVES. IT IS IMPORTANT TO ALWAYS ENSURE THAT THE NECESSARY DOCUMENTATION FOR MEDICAL TESTS IS PROVIDED TO AVOID ADDITIONAL OUT-OF-POCKET EXPENSES.

Informed Consent: Consent to Testing and Use of Results: I confirm that the specimen identified on this form is my own, and I have not contaminated it in any way. I am voluntarily submitting this specimen for analysis by Berries Health and Genetics Laboratory (BHGL) or its laboratory partner. I authorized BHGL to release the test results to the ordering practitioner. Additionally, I authorize the laboratory and my healthcare provider to release any necessary medical information to my insurance provider to process the claim.

Consent for Genetic Testing: Your doctor has ordered a genetic test. This test identifies variations in genes that may affect your overall health, response to treatment, or support the diagnosis of a specific disorder. A lack of mutation does not completely rule out adverse events, as some variations are still unknown, and their significance has not yet been investigated, nor does it completely rule out a diagnosis. Additionally, there are limitations with methodologies, meaning that certain variations might not be captured or identified using these methods. Results from this test are treated with complete confidentiality, and reports are provided only to the patient and their physician. Patient samples will be saved for 30 days and then destroyed after testing. I have read or had read to me this consent form. I have been provided with a copy of this form, as requested. I have been given the opportunity to ask questions before signing up for this form, and I understand that I can ask further questions at any time. I consent to having this genetic test performed.

Consent use of sample or data for research: To improve genetic testing results and solve unexplored genetic diseases, I understand and agree that my leftover specimen, genetic data, and/or clinical information may be used anonymously for research, education, and other purposes. I hereby authorize BHGL to contact me in the future regarding disease symptoms, recently discovered genes, and mutations or to follow up on treatment outcomes. To opt out of this section, you can cross out this paragraph and sign below without affecting the processing of your tests.

Consent / Insurance Release: By signing this form, I hereby authorize BHGL to submit the medical information regarding this testing to my designated insurance carrier for reimbursement if necessary. I also authorize benefits to be payable to BHGL. I understand that I am responsible for any amounts not paid by insurance for reasons not limited to non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient Name: _____

Patient Signature: _____ **Date (MM/DD/YYYY):** _____