

Directions: This form consists of two sections. Section 1 to be completed by the individual ordering the genetic test. Section 2 to be completed by the individual being tested.

Section 1: Checklist to be completed by individual ordering a genetic test

The individual's DNA sample will be tested solely for the genetic characteristic below:

(Name of genetic characteristic)

PROCESS TO FOLLOW PRIOR TO OBTAINING GENETIC INFORMATION:

After each of the points below have been clearly explained to the individual to be tested, or the individual's personal representative, please initial in the space provided to ensure that the informed consent procedure has been followed.

- ___ I have informed the individual that this genetic test is completely voluntary; that he/she has the option of withdrawing consent to the genetic test at any time.
- ___ I have explained to the individual the risks and benefits of having a genetic test, including:
 - a description of the provisions of Oregon law pertaining to the confidentiality of genetic information;
 - a statement of the potential consequences regarding insurability, employability, and social discrimination if the genetic test results become known to others;
 - a statement explaining the implications of positive and negative test results, and the availability of support services, including genetic counseling.
- ___ I have informed the individual that it may be in his/her best interest to retain the DNA sample for future diagnostic testing, but also of his/her right to have the DNA sample promptly destroyed after the specific purpose for which it was tested (unless retention of the sample is otherwise authorized by law).
- ___ I have informed the individual that it may be in his/her best interest to retain the DNA sample for future diagnostic testing, but also of his/her right to have the DNA sample promptly destroyed after the specific purpose for which it was tested (unless retention of the sample is otherwise authorized by law).

OAR 333-025-0140, Appendix 1
EXAMPLE Consent Form, Obtaining Genetic Information
(Other forms may be developed and used that meet requirements)

___ I have informed the individual about the meaning and purpose of the authorization form for disclosure of procedure to a third party payer, including:

- an explanation of the potential risks of disclosure to third-party payers that a genetic test has been performed;
- an explanation of the individual's option to pay out-of-pocket for the cost of the genetic testing procedure.

___ I have asked the individual whether he/she has any further questions; and if so, I have provided the individual with an opportunity to ask questions and receive answers from either a genetic counselor, or a person who is sufficiently knowledgeable to give accurate and understandable answers about genetic testing and its implications.

___ I have asked the individual to read, complete, sign and date this consent form; and provided the individual a copy of this completed form for his/her personal records.

The above referenced information was explained by me, to the individual being tested, and the individual being tested signed this consent form in my presence.

Name of individual ordering genetic test

Signature of individual ordering genetic test

Date

OAR 333-025-0140, Appendix 1
EXAMPLE Consent Form, Obtaining Genetic Information
(Other forms may be developed and used that meet requirements)

Section 2: Model Informed Consent Form:

To be completed by individual being tested or the individual's personal representative.

It has been explained to me that the procedure to be undertaken is a test of my DNA sample to obtain genetic information solely for the purpose(s) listed below. It has also been explained that consent to this procedure is completely voluntary. I have been told that there are risks and potential consequences regarding employability, insurability and social discrimination that may result from the collection of my genetic information.

Please check one:

- I have been asked if I want a more detailed explanation of the risks and benefits of genetic testing. I am satisfied with the explanation provided to me and do not need any more information.
- I have requested and received further explanation for the proposed genetic test and more information about the potential risks and consequences for the test for me and my family. I am satisfied with the additional information provided to me and do not need any more information.
- I have requested further explanation of the proposed genetic test and more information about the potential risks and consequences for the test for me and my family, and do not consent to the collection of my genetic information at this time.
- I consent to the collection of my genetic information for the purpose of:

and acknowledge that the results of this test or procedure will be recorded in my confidential medical record.

Name of individual consenting to test or procedure

Signature of individual consenting to test or procedure

Date

OAR 333-025-0140, Appendix 1
EXAMPLE Consent Form, Obtaining Genetic Information
(Other forms may be developed and used that meet requirements)

OR

Name of personal representative of individual consenting to test or procedure

Relation to individual consenting to test or procedure

Signature of personal representative of individual consenting to test or procedure

Date