

Consent for Targeted Genetic Testing Using Next Generation Sequencing (NGS)

To give you (or your child) the best medical care, we have ordered genetic test(s). We may also ask for your family's health history.

Summary of discussion with provider

I have talked to a health care provider about the following. I understand:

1. the condition that involves genetic testing: _____.
2. the type of test and how the results will be used
3. the possible benefits and risks of the test and collecting genetic information
4. other options if testing is **not** done
5. these special concerns: _____.

Consent for targeted genetic testing

I agree to the collection and testing of genetic information (DNA/RNA) from the sample I submitted. This testing is for the condition above.

I understand:

- The lab uses a type of test called *next generation sequencing (NGS)*. Although it can study a large number of genes, the lab will only look at the **specific genes requested**.
- The lab will study my data and look for a genetic cause for my condition. The lab will send a clinical report to the health care provider who ordered the tests.
- The lab will keep all the data used to create my report **and** my genetic sample for 90 days. This follows federal law. Both can be used again if more tests are requested during this time.
- After 90 days, my **data** will not be available for further testing. A genetic sample will be retained by the lab for future additional testing. Both data and my genetic sample may be given to researchers at the University of Minnesota. The lab will assign unique code numbers to protect your identity. Results of research would not be reported to you.

If you **do not** want your data and genetic sample used for research in the future, initial the line below:

_____ **I do not want the data from my genetic testing used in any type of research.** The lab may only keep records about the test that was ordered. All other data must be destroyed.

Patient, parent or legal representative

Relationship to patient

Date

If you have questions, please speak with the health care provider who ordered your tests.

Staff to complete: I have explained the collection and testing of genetic material to the patient, parent or legal representative. I have also explained how we will use this information.

Signature

Printed Name

Date and Time