



**University Children's Genetics Laboratory
A Division of ProGene, Inc.
Molecular Genetics Division**

Informed Consent for DNA Testing

I, _____, hereby agree to participate in DNA based testing
for _____ (name of disease or test(s) being ordered), for

- myself
 my minor child: name _____ date of birth _____.

I understand that:

1. Sample(s) of blood will be drawn from me/my child by venipuncture, a procedure that carries very little risk. I understand that the blood samples will be used for the purpose of DNA based testing.
2. I understand that the DNA analysis performed at University Childrens Genetic Laboratory, a Division of ProGene, Inc., is specific only with respect to the mutations which it analyzes and in no way guarantees possible DNA testing for other gene mutations (known or unknown) responsible for this or other disease. Furthermore, it does not guarantee my health and or the health of my unborn child.
3. Molecular genetic tests are often complex and utilize specialized materials so that there is always some small possibility that the test will not work properly or that an error could occur. There is a low error rate (perhaps 1 in 1000 samples) even in the best laboratories.
4. Once the DNA test is completed, part of the DNA sample may be made anonymous (name and all other identifiers removed) and used for medical research or educational purposes. Please initial here ____ if you wish to refuse this request. This refusal will in no way affect the present testing.
5. Participation in DNA testing is completely voluntary and the results are confidential; they will only be released to other medical professionals or other parties with my written signed consent.
6. That in case my test results reveal that I am a carrier or affected, with or with out clinical presentation at this time, I must contact a genetic clinic or prenatal diagnosis center in order to receive appropriate genetic counseling and follow-up.
7. In some cases the DNA test may detect non-paternity or some other previously unknown information about family relationships, and it may be necessary to report this finding to the individual who requested testing.
8. My signature below acknowledges that my doctor, genetic counselor, or carrier-testing educator has explained limitations and benefits of DNA testing to me and that I give my consent for testing.

I hereby give permission to collect blood samples to be sent to University Childrens Genetic Laboratory, A Division of ProGene, Inc., Molecular Genetics Section.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____