Children's Hospital of Philadelphia℠

LAB-1520
Rev. 11/23

INFORMED CONSENT FOR NEW JERSEY GENETIC TESTING

LAST NAME ____________ FIRST NAME ____________

MR# ____________ DOB ____________

PLACE PATIENT LABEL HERE *OR* COMPLETE ABOVE

DO NOT HANDWRITE PATIENT INFORMATION HERE

Purpose: This form was designed to guide the consent process for genetic testing, including both molecular and cytogenetic, and to help you have a discussion with your healthcare provider. You can decide whether or not you want to have this test. We encourage you to ask questions, including questions about other testing options.

Test(s) Requested (name of test, disease, or gene): ________________________________

The intended purpose is: ☐ Diagnostic ☐ Carrier Screening ☐ Predictive/Presymptomatic ☐ Prenatal ☐ Monitoring

Types of Results:

- Genetic tests may find chromosomal or genetic differences that are related to the patient's reason for testing. Finding these genetic differences may help healthcare providers take better care of the patient now or in the future. The results may provide information for family planning or recurrence risk.
- Some genetic tests can identify an uncertain or unexpected genetic finding.
- Some tests may not identify all findings that are related to a patient's reason for testing, due to the limits of the test or of current scientific knowledge. We may learn more about these results in the future.
- For some tests, even if the results are negative, there may still be a different genetic explanation for the patient's condition.

Potential Risks/Limitations:

- The accuracy of genetic testing depends on the type of test ordered, the patient's condition or reason for testing, and the accuracy of the clinical information provided.
- For some tests, it may be appropriate to follow up with your clinician from time to time regarding possible new information about the test results.
- Genetic testing may identify information about biological family relationships that may or may not be expected by the family.
- Information from this test may cause emotional distress. This test may find results that impact the health or reproductive decisions of the patient or family members.
- Similar to other clinical tests, genetic test results may affect the patient's or family members' ability to buy life insurance, disability insurance, or long-term care insurance in the future.

Incidental Findings:

- Some genetic tests may find incidental genetic differences that are not related to the patient's reason for testing but are related to other conditions that could be managed or treated. Knowing this information may help the patient or family members receive needed medical care.

Confidentiality and Release of Genetic Information:

- The results report will become part of the patient's medical record. By signing this consent, you authorize CHOP to retain your genetic information.
- CHOP will only disclose identifiable results to individuals not associated with CHOP if we have your written permission, or as otherwise allowable by law. By signing this consent, you authorize CHOP to share your genetic information for purposes of treatment, health care operations, reimbursement for care indicated by these results, and for other purposes explained in CHOP's Notice of Privacy Practices.

Future of the Information and Samples:

- Laboratories store samples and genetic data for a variable period of time. If your testing is completed at a CHOP Laboratory, any remaining sample(s) will usually be retained for at least two years, after which time, the sample may be discarded.

Genetic Counseling:

- We recommend that you seek genetic counseling before you decide whether or not you want to have this test and when you receive the test results.
- If you would like to see a genetic counselor, please contact the CHOP Division of Human Genetics at 215-590-2920 or ask your healthcare provider to refer you to one in your area. You can find a genetic counselor near you by visiting The National Society of Genetic Counselors at www.nsgc.org.

By signing this document, you are agreeing that the test and its limitations have been explained to you.

Patient/Parent/Guardian Statement: I acknowledge that I have discussed the benefits, risks, and limitations of the test documented above with my healthcare provider/s. I consent to this testing, authorize CHOP to retain my genetic information resulting from this testing, and authorize the release of genetic information for the purposes described above.

________________________ ________________________ ________ ________
Patient/Parent/Legal Guardian Signature | Relationship to Patient | Date | Time

Healthcare Provider's Statement: I have explained the benefits, risks, and limitations of the test documented above to this individual and addressed his/her questions about the test. I understand that it is my responsibility to interpret the clinical relevance of the results for this individual and to provide appropriate follow-up recommendations.

________________________ ________________________/________________ ________ ________
Healthcare Provider Signature | Printed Name and/or Contact Number | Date | Time

When an interpreter is used, check applicable box: ☐ Interpreter physically present ☐ Over the phone interpreter; Provider #:________________

CHOP is Committed to Language Accessibility

If you speak another language, assistance services, free of charge, are available to you.

Español-Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-879-2467.

繁體中文–Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-879-2467。

العربية -Arabic ملحوظة: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية تتوفر لك بالمجان- اتصل بالرقم 1-800-879-2467.

Tiếng Việt-Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-879-2467.

Français-French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-879-2467.

Português-Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-879-2467.

नेपाली-Nepali ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-879-2467 ।

ខ្មែរ-Cambodian ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-879-2467។

বাংলা-Bengali লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-879-2467।

Русский-Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-879-2467.

한국어-Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-879-2467 번으로 전화해 주십시오.

Bahasa Indonesia-Indonesian PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-879-2467.

اُردُو -Urdu خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-800-879-2467 .

Türkçe-Turkish DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-879-2467 irtibat numaralarını arayın.

Polski-Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-879-2467.

Italiano-Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-879-2467.

हिंदी-Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-879-2467 पर कॉल करें।

ગુજરાતી-Gujarati સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-879-2467.

Tagalog-Tagalog-Filipino PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-879-2467.

日本語 -Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-879-2467 まで、お電話にてご連絡ください。

Deutsch-German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-879-2467.

Deitsch-Pennsylvania Dutch Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-879-2467.