

MRN
Name
DOB

Clinical Genomic DNA Test Consent

By signing below, I, _____, give consent for my health care provider to
(Print Patient Name)

order a Genomic DNA Test (DNA test) on my blood sample. I have read and understand the following information about the test:

1. We have an arrangement with a company called "Invitae" to perform your Genomic DNA Test. The test looks for patterns in your DNA that could cause cancer, heart disease, or other diseases, and for patterns that may not affect you but could affect your children or other family members.
2. The results of this Genomic DNA Test could be:
 - a) Positive, indicating that there are differences in your DNA, which can mean you are more likely to develop certain diseases.
 - b) Negative, indicating that there are no identified differences in your DNA. A negative result does not eliminate the risk of developing a disease in the future for you or your family members.
3. The Genomic DNA Test does not look at all parts of your DNA. Disease may be caused by parts not being tested. We will only interpret the parts of your DNA indicated on the Genomic DNA Test Information Sheet (provided separately).
4. The UVM Medical Center Genomic Medicine team will help you and your provider understand your Genomic DNA Test results and how the results may guide your medical care.
5. Because our understanding of genetic information will improve over time, we may report new DNA differences to your health care provider in the future that may be important for your medical care.
6. Your personal information will be stored and protected in confidence as required by laws and regulations. Your DNA test results will be placed in your electronic medical record, where your health care providers will use the results for your medical care. We will not release your DNA test results, except as permitted by state and federal law.
7. The Genetic Information Nondiscrimination Act (GINA), a federal law, provides some protections against genetic discrimination for health insurance and employment. Those legal protections do not extend to obtaining life or disability insurance at this time, and the test results could affect your ability to obtain certain insurance benefits.
8. If you have questions about having this DNA test or about your test results, you have access to genetic counseling with our geneticists, genetic counselors or other qualified health care providers by calling 802-847-8135.
9. Some Genomic DNA Test results may cause your health care provider to recommend appropriate tests and/or consultations with other health care providers. You may choose whether or not to have these additional services and where to receive them.
10. You will receive a copy of this DNA test consent form.
11. UVM Medical Center and your health care providers will continue to provide you with high-quality care, whether or not you decide to have the Genomic DNA Test.
12. The purpose of the Genomic DNA Test is to help us provide you with the best possible care. Genomic information can also help advance medical knowledge. We are working with a patient-centered research database company, LunaDNA, which allows each person to control their personal information and its use. If you wish, we will provide your name to LunaDNA and they will contact you to ask if you want to share your information for medical research, with a separate consent process. If you choose not to participate, this will not affect your medical care.

LunaDNA RESEARCH CONTACT OPT OUT

[] Check here if you DO NOT want us to share your name and contact information with LunaDNA.

Patient Signature: _____

Print Name of Patient: _____

Patient Email Address: _____

Date: _____ Time: _____

