

MRN

Name

DOB

Pathology & Lab Medicine

New York State Informed Consent for F.I.S.H. Testing (Constitutional)

What is FISH analysis? Cells have genetic material called DNA that is located in chromosomes. Fluorescence In Situ Hybridization testing, also called FISH testing, is a test to detect and localize the presence or absence of specific areas of DNA. Specific FISH “probes” are available to look for different areas of DNA. Your physician will decide the specific area of DNA to test. Your physician may request FISH testing alone or combined with chromosome analysis.

What is the purpose of this test? FISH testing can detect DNA and chromosome abnormalities that are too small to detect by chromosome analysis and too large to detect by other tests such as PCR. FISH can detect DNA abnormalities that are known to cause birth defects, abnormal appearance, or developmental delay in children. FISH testing is sometimes recommended to confirm findings from chromosome analysis. Less commonly, FISH can be used to detect DNA abnormalities in adults, or in amniotic fluid or other tissues.

What are its limitations? FISH testing can only detect abnormalities of the area of DNA that is being studied. Other abnormalities, even large abnormalities, will not be detected if they are not in the area of DNA being tested. Your physician or a genetic counselor can provide additional information about the specific value of this test to you. You can choose to speak with a genetic counselor before agreeing to this test.

How will I obtain results from this test? FISH testing is a complex test that can take weeks to complete. A written report is sent to your physician who will inform you of the results and discuss them with you. Your physician may recommend follow-up genetic counseling or additional testing.

What happens to my test results? Test results become part of your medical record and are available to individuals and organizations with legal access to your medical record, including but not limited to the physicians and nurses directly involved in your care, your current and future insurance carriers, and others specifically authorized by you to gain access to your medical records.

What happens to my sample after testing? The only test that will be done on your sample is FISH testing for the specific area of DNA specified by your physician. Additional testing will only be done if requested by your physician. Your blood will be discarded within 60 days of completion of the test. The DNA will be kept for at least 6 months.

My signature below indicates that I have received information about this test and that I have read and understood this document. I have been given a full opportunity to ask questions that I may have about the testing procedure and related issues. I agree to undergo this testing.

Name of Person Obtaining Consent: _____ Title: _____

Signature: _____ Date/Time: _____

I have read and fully understood the above, and give my consent for this testing.

Patient name: _____

Patient Signature: _____ Date/Time: _____

If consent is given by parent or legally authorized representative:

Name: _____ Relationship: _____

Signature: _____ Date/Time: _____

