

Genetic Testing Information Survey Consent Form

Introduction

Purpose of the Survey

What Participation Involves

Confidentiality

Voluntary Participation

Contact Information

Participant Information

Full Name

Email Address

Date of Birth

Survey Questions

Have you previously undergone any genetic testing?

☐ Yes ☐ No

What concerns, if any, do you have about genetic testing?

Where did you get your information about genetic testing?

Consent

☐ I have read and understood the information provided above. I voluntarily agree to participate in this survey.

Signature

Date