

Informed Consent Form for Genetic Testing

Personal Information

Full Name

Date of Birth

Patient ID / Reference Number

Purpose of Genetic Testing

Information Provided

☐ I have been informed about the purpose, procedure, benefits, and possible risks of genetic testing.

☐ I understand the potential implications of test results for myself and my family members.

Confidentiality and Data Privacy

☐ I understand how my genetic information will be protected and used.

Consent and Authorization

☐ I consent to undergo genetic testing.

☐ I authorize sharing of test results with my healthcare provider.

Additional Notes / Conditions

Signature

Signature

Date