## Informed Consent for Genetic Testing

Patient Name
Date of Birth
Provider Name
Trovider Name
Purpose of Genetic Testing
Turpose of Genetic Testing
Procedure
Risks and Benefits
Triono dira porione
Confidentiality
Voluntary Participation

I understand that my participation in genetic testing is voluntary.

Questions/Concerns
Consent
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I have read and understood the information above and agree to genetic testing.
Patient Signature
Date