

Informed Consent for Genetic Testing

Date: _____

Patient Name: _____

Patient ID: _____

Introduction

You are being offered genetic testing as part of your healthcare. This document provides information to help you make an informed decision about participating in genetic testing.

Purpose of Genetic Testing

The purpose of genetic testing is to identify genetic variations that may be associated with certain health conditions. This information can help in making informed medical decisions.

Benefits

- Understanding your genetic risk factors.
- Guidance on preventive measures.
- Informed decision-making regarding treatment options.

Risks

There may be psychological, social, or economic risks associated with genetic testing. You may experience anxiety or concerns about confidentiality.

Confidentiality

Your genetic information will be kept confidential and shared only with those who are involved in your care.

Voluntary Participation

Participation in genetic testing is voluntary. You may choose not to participate or withdraw at any time without affecting your healthcare.

Consent

By signing below, you consent to undergo genetic testing and understand the purpose, risks, and benefits as outlined above.

Signature: _____

Date: _____