



ORALDNA<sup>®</sup> LABS  
*Innovations in Salivary Diagnostics*

## Genetic Testing Consent Form

Genetic testing can be complex and we want you to be well informed prior to making a decision to be tested. Your decision to be tested is voluntary and OralDNA Labs will make qualified counselors available to you to answer any questions. Information about our tests is available at [www.oraldna.com](http://www.oraldna.com). You may also call us at 855-ORALDNA (855-672-5362).

Genetic tests offered by OralDNA analyze for genetic variations. Our tests are not diagnostic, but instead are for the purposes of risk assessment. Persons who learn they are at increased risk for any condition based on a test result may never experience the condition. Conversely, a report of a low risk result could still result in a patient experiencing the condition. Testing ordered may include only selected genes and not all potentially applicable genes. Our tests are intended to help you and your healthcare provider plan and follow a course of treatment using genetic information as a resource.

To perform testing, your specimen will be sent to the OralDNA laboratory, where DNA will be extracted for the ordered test procedures. You agree to allow OralDNA to perform the tests ordered and additionally test for markers that are not being reported. The results and the interpretation of tests requested will be reported to the ordering healthcare provider. Your results should be evaluated in the context of personal and family history, the results of physical examination, other laboratory tests, and the clinical expertise of your healthcare provider. You agree that we have no responsibility to notify you of risks revealed by any tests we may perform that were not ordered.

OralDNA protects the privacy of personal test results and is in full compliance with the regulations of the Health Insurance Portability and Accountability Act (HIPAA). We will only release your test results to your healthcare provider or designee, or to another healthcare provider as directed by you in writing, or as otherwise required by federal or state laws. By signing this consent you agree to allow the laboratory to archive the sample and derivative analysis and data for an indefinite time period. You also agree that OralDNA may use the specimen, clinical information, and data on any tests performed, whether or not ordered, in a personally de-identified manner for research, educational studies, commercial purposes and/or publication. Any derivative products, tests or discoveries with commercial value are hereby assigned to OralDNA.

By signing this consent form you acknowledge that you are at least 18 years old, that you have the capacity to consent, and that you do consent to the testing described and other provisions above, and have had adequate explanation and consultation through your healthcare provider.

Patient Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

(If required)