

Physician Attestation of Informed Consent

Please fill in, sign, and fax to +1 (650) 446-7790
or email to support.us@blueprintgenetics.com

Phone: 1.650.452.9340
Fax: 1.650.446.7790
support.us@blueprintgenetics.com

Date _____

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| Name of Practice: |
| Practice Phone Number: |
| Practice Address: |
| City, State & Zip: |
| Account Numbers: |
| I _____ (physician name), acknowledge that: <ul style="list-style-type: none">It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; andI will maintain all written consent forms as part of the patient file and make them available to Blueprint Genetics upon reasonable request. |

THIS CONFIRMATION REMAINS IN EFFECT UNTIL AN UPDATE FORM IS SUBMITTED.

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| Signature of medical practitioner: | If signing for all physicians in a practice: This confirms that I am authorized to act on behalf of the members of the physician practice group named above. In that capacity, I will assure that all physicians in the practice who order genetic testing for patients receive and review a copy of this document and understand and comply with the informed consent requirements described above. |
| OR: Signature of medical practitioner authorized to act on behalf of the physician practice group: | |
| NPI: | |

BACKGROUND

Some state laws require that individuals (or their authorized representative) provide written informed consent (some states permit oral informed consent) to the physician ordering germline genetic testing and/or releasing test results.

Where applicable, the individual (or authorized person) must sign and date a consent form, or otherwise provide informed consent, that includes:

- Statement of test purpose and description
- Statement that prior to testing, the physician ordering the test discussed with the individual the reliability of positive/negative test results and the level of certainty that a positive result for the disease or condition serves as a predictor of such disease
- Statement that the physician informed the individual about availability and importance of further testing, physician consultation and genetic counseling, and provided written information identifying a genetic counselor or medical geneticist
- General description of each disease or condition for which a test is ordered
- The name of the person or persons to whom the test results may be disclosed