

# Genetic Testing for Cancer Risk Consent Form



**Procedure Description:** Genetic testing requires taking a blood or saliva sample from your body. If your healthcare provider orders a cancer screening genetic test for you, the DNA in your blood will be tested to help determine your future risk of some types of cancer, including those of prostate, colorectal, ovarian, breast or pancreatic origin. DNA can be extracted from blood and is the carrier of your genetic information. You may wish to obtain professional genetic counseling prior to giving your consent for this test, and after receiving your results.

The genetic test that will be ordered for you looks for mutations of genes that are associated with future risk of cancer. The results of this test will then be reported to your physician and will be entered into your medical record at The Urology Group ("TUG"). Any mutations found may, depending on the specific mutation and the available information regarding the clinical impact of that mutation, be an indication that you may be predisposed to diagnosis with form(s) of cancer in the future. If that is the case, you may want to consider further independent testing, pursue genetic counseling, and consult with your physician, who will use these results to guide treatment decisions or help you make decisions about cancer screening. In addition, your test results can provide information that may be relevant to your family members' health. Your family members may wish to consult with a physician or genetic counselor if you choose to share your test results with them. A potential risk of genetic testing may include learning that you and your family members have a disease gene that might affect your or their insurability for life or disability insurance.

All results provided from this test are based on available information that is current as of the date of the test report. It is possible that in the future, a new variant or mutation may be identified, or the interpretation of an existing variant or mutation would change based on information not available at the time of the report. It is possible that such information could change your overall risk profile. Your test result will not be automatically updated to reflect any such future changes. You should contact your healthcare professional to discuss the possibility of follow-up testing if you are concerned about future developments.

No genetic tests, other than those authorized by this consent, will be performed on your sample.

## Your Genetic Information and Sample:

After your genetic testing is completed, TUG may destroy any of your sample that is remaining. TUG is under no legal obligation to return your sample to you or to keep it after completion of your genetic test and it no longer has a legal duty to keep it.

For more information about TUG's privacy practices, please refer to TUG's Privacy Policy (<https://www.urologygroup.com/privacy-policy/>) and Notice of Privacy Practices (<https://www.urologygroup.com/all-forms/notice-of-privacy-practices/>).

## Consent:

I have been given sufficient opportunity to ask about the genetic testing, including the information that may be learned through the genetic testing. All my questions have been answered to my satisfaction, and I have sufficient information to give informed consent to the genetic testing.

Patient's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness' name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_