



Acknowledgement of Practitioner's Obligation to Obtain Informed Consent for Genetic Testing

- I understand that The New York State Department of Health, Clinical Laboratory Standards of Practice require NY-permitted laboratories to notify ordering practitioners that they are required to obtain informed consent for genetic testing from their patients.
- I am aware that Eurofins, NTD, LLC (PFI 3173) ("Eurofins") provides a genetic test consent form that includes test-specific information to aid me in fulfilling my obligations to obtain informed consent.
- I have been apprised that I may obtain these forms in hard copy from Eurofins, and that the form is also available on the Eurofins website (http://ntdlabs.com/providers/consent_forms.php).
- I acknowledge that this information has been made available to me for patient use in decision-making and the informed consent process.
- I acknowledge that I have reviewed and understand the informed consent for genetic testing form described above and that the information contained in the form shall be conveyed to each patient and/or their guardian in obtaining full and effective informed consent for each genetic test I order.
- I confirm that I shall maintain documentation that I obtained informed consent for such testing in each of my patients' medical charts.

Practitioner Signature

Date

Printed Name

Hospital, Facility or Clinic Name

Address

City, State, Zip

Phone #

Fax#

NTD Account # _____

Please Return to:

Eurofins NTD, LLC, 80 Ruland Road, Suite 1, Melville, NY 11780

Fax: 631-425-0864