

	Document name: Blanket Informed Consent Form	Eurofins Document Reference: 1-D-LB-SOP-9046806 NTD Labs SOP ID: REP-2-020 Attachment B Revision:2
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Blanket Informed Consent Form

Eurofins Document Reference	1-D-LB-SOP-9046806	Type of document	CF - Controlled Form
NTD Labs SOP ID	REP-2-020 Attachment B	Division	1-D Clinical Diagnostics Services
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Written by	Margaret Palladino
Functional Document Owner	Margaret Palladino; Eurofins D CDS US Reporting Department; Eurofins D CDS US Quality Management Department
Review and Approval	<ul style="list-style-type: none"> • Reviewers: Christina Deer; Jonathan Hayden • Approver (Laboratory Director Only): Terrence Hallahan
Reason for Revision	Update fax number

Revision Log

Date	Rev.	Author	Description
Jun 20, 2017	1	Margaret Palladino; Eurofins D CDS US Reporting Department; Eurofins D CDS US Quality Management Department	

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Christina Deer;Review;Friday, July 28, 2017 11:18:16 AM EDT
Jonathan Hayden;Review;Tuesday, August 1, 2017 8:48:47 AM EDT
Terrence Hallahan;Approval;Wednesday, August 2, 2017 10:48:42 AM EDT Informed Consent Acknowledgement

I acknowledge that I will explain the nature of the biochemical and genetic testing that I have ordered to my patients and/or their guardian. I will explain the reason for the testing, what information may be obtained from the results, and approximately how long it will take to receive results. I will explain that DNA testing may be used in addition to biochemical testing to provide further information when appropriate.

Signature

Date

Printed Name

Hospital, Facility or Clinic Name

Address

City, State, Zip Code

Phone #:

Fax #:

NTD Account #: _____

Please return to:

Eurofins NTD, LLC.
80 Ruland Road, Suite 1
Melville, NY 11747

Fax: 631-425-0864

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