

# Hospital/Laboratory 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 \_\_\_\_\_

<b>Name of Hospital / Laboratory:</b>
<b>("Client") Hospital / Laboratory Phone Number:</b>
<b>Address:</b>
<b>City, State &amp; Zip:</b>
<b>Account Numbers:</b>
When Blueprint Genetics receives germline genetic test orders from our hospital and laboratory clients, we require assurance that they have a process in place to comply with applicable informed consent requirements related to such testing.

For all germline genetic testing submitted to Blueprint Genetics by Client, I represent that Client has an appropriate process in place to comply with informed consent requirements under applicable state laws and/or regulations that require medical professionals who order germline genetic testing to obtain the informed consent of the patient for such testing. <b>THIS CONFIRMATION REMAINS IN EFFECT UNTIL AN UPDATE FORM IS SUBMITTED.</b>
<b>Signature of hospital / laboratory official:</b>
<b>Print Name:</b>
<b>Title of hospital / laboratory official:</b>

## 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