

New York State Informed Consent Acknowledgment

I acknowledge that I have explained the nature of the genetic testing that I have ordered to my patients and/or their guardian. I have explained the reason for the testing, what information may be obtained from the results, and approximately how long it will take to receive results.

Signature

Date

Printed Name

Hospital, Facility, or Clinic Name

Address

City

PLEASE RETURN TO:

Signature Genomics
2820 N Astor Street
Spokane, WA 99207

Fax: 509-474-6839

Signature Genomics
from PerkinElmer
2820 N Astor Street
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