

Please fill in, sign, and fax to 844-595-4288  
OR visit QuestDiagnostics.com/consent to submit this form online



## Physician Confirmation of Informed Consent

Date October 14, 2025Name of Practice Riverside Family MedicinePractice Phone Number (555) 123-4567Practice Address 1234 Main Street, Suite 200City, State, Zip Springfield, IL, 62701Account Number(s) QD-123456 Quest Performing Lab Quest Diagnostics - ChicagoI, Dr. Sarah Johnson, MD (physician name), acknowledge that:

- It is my responsibility, prior to ordering any genetic test, to obtain a signed, written consent form from the patient (or their authorized representative) as required by applicable state law and/or regulations; and
- I will maintain all written consent forms as part of the patient file and make them available to Quest Diagnostics upon reasonable request.

This confirmation remains in effect until an update form is submitted.

Signature of medical practitioner:

OR Signature of medical practitioner:  
authorized to act on behalf of the physician  
practice group:

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If signing for all physicians in a practice •  
This confirms that I am authorized to act on behalf of the members of the physician practice group named above. In that capacity, I will assure that all physicians in the practice who order genetic testing for patients receive and review a copy of this document, and understand and comply with the informed consent requirements described above.

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## Background

Some state laws require that individuals (or their authorized representative) provide written informed consent to the physician ordering germline genetic testing and/or releasing test results.

The individual (or authorized person) must sign and date a consent form 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

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