



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

Date October 14, 2025

Physician Confirmation of Informed Consent

Name of Practice Riverside Family Medicine

Practice Phone Number (555) 123-4567

Practice Address 1234 Main Street, Suite 200

City, State, Zip Springfield, IL, 62701

Account Number(s) QD-123456

Quest Performing Lab Quest Diagnostics - Chicago

I, 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:

Dr. Sarah Johnson, MD

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

NPI 1234567890

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.

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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