

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

Name of Practice _____

Practice Address _____

Date _____ Account Number _____ Lab _____
Account Number _____ Lab _____

I, _____ (physician name), acknowledge that:

- It is my responsibility, prior to ordering any genetic test, to obtain consent from the patient (or their authorized representative) as required by applicable state law and/or regulations.

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:

NPI _____

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

Florida law requires that individuals (or their authorized representative) provide informed consent to the physician ordering germline genetic testing and releasing test results.