

Informed Consent Information

Submission of a requisition for any test listed on this iGenomeDx Requisition form constitutes acknowledgement by the ordering Physician and Patient:

1. This Ordering physician has obtained written informed consent for each test ordered, as required by applicable state and federal laws. A copy of the informed consent is not required by iGenomeDx in order to process a sample, but a copy must be available in the ordering physician's record.
2. The patient has provided written authorization for iGenomeDx to report the results of each test directly to the ordering physician.
3. DNA testing usually provides precise information, however, several sources of error are possible. These include, but are not limited to, clinical misdiagnosis of the condition, and sample misidentification.
4. All test results will be released directly to the ordering physician, or on their behalf, as state and local laws allow.
5. iGenomeDx is authorized to perform high complexity testing under the Clinical Laboratory Improvement Amendments (CLIA). The results are not intended to be used as the sole means for clinical diagnosis or patient care decisions.
6. The Patient acknowledges their right to obtain a copy of their written report as required by state and federal laws.

Patient Signature: _____ Date: _____