



Comprehensive Genetic Services^{SC}

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**Consent for the Transfer of Banked DNA Samples
for Molecular Genetic Testing**

TO: Comprehensive Genetic Services SC (CompGene)
3720 N 124th Street
Milwaukee, WI 53222
Phone: 414-393-1000 FAX: 414-393-1399

RE: Patient Name: _____ CompGene ID# : _____

The DNA sample I (my child) have (has) banked at CompGene is required for a molecular genetic analysis at:

I hereby approve the transfer of a sample of DNA the equivalent of _____ µg to:

This transfer of DNA is authorized with the understanding that the amount of DNA sample remaining banked at CompGene will be sufficient for reasonably anticipated future molecular genetic analysis.

I understand that molecular testing may provide a diagnosis of or indication of risk for myself or my offspring of a genetic condition.

I understand that this test may not yield results for any combination of the following reasons: 1) unavailable blood or tissue samples from critical family members; 2) uninformativeness of the available genetic markers; 3) maternal contamination of pre-natal samples; 4) technical reasons; 5) incorrect diagnosis.

I understand that DNA analysis may yield information on biological paternity, the results of which will not be disclosed to me unless biological paternity is relevant in counseling for the reason for which I have submitted this DNA sample.

Your signature on this form indicates that you have understood to your satisfaction the information regarding molecular genetic testing and agree to participate. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. If you have further questions concerning matters related to this consent, please discuss them with your medical geneticist, genetic counselor, or referring physician.

(Signature of patient or legal guardian) (Date) (Signature of witness) (Date)