The University of California, Shiley Eye Center
Ophthalmic Molecular Diagnostics Laboratory
9415 Campus Point drive
La Jolla, CA 92037
Phone: 858-534-5362
INFORMED CONSENT FOR DNA TESTING

LAST NAME: _____ FIRST NAME: _____

DOB: _____ GENDER: □ M □ F

I request DNA analysis for the condition _____

I request and authorize The University of California, Shiley Eye Center Ophthalmic Molecular Diagnostics Laboratory to test my sample (or my child's) for the above-designated genetic condition. My signature below constitutes my acknowledgement that the principles, benefits, and risks of this testing have been explained to my satisfaction by a physician/genetic counselor.

I understand the following about the test procedure and its outcome:

1. DNA test results may indicate: (a) I am or am not a carrier of a gene mutation; or (b) the results may be indeterminate due to the limitations of the current technology or due to the molecular pattern and/or genetic pattern of my tested family members. The estimated accuracy and detection rates have been explained to me by the health care provider of my choosing. The test results that will be sent to my health care provider will apply only to the condition named above.
2. Turn around time is our best estimate and can not be guaranteed.
3. There is a fee for this DNA test. While I may choose not to receive the results of this test, I will still be required to pay for the test once the analysis has begun.
4. Mutation screening and/or linkage analysis can yield precise information. However, there are several possible sources of error that can occur prior to the analysis of my sample that can alter the accuracy of the results. These include, but are not limited to, clinical misdiagnosis of my condition, sample misidentification, inaccurate representation of the relationship with other members of my family and sample contamination.
5. DNA genotyping is a complex procedure that has not yet been certified by the FDA. Some of the test reagents are intended for research purposes only. There is always a small possibility that a diagnostic error may occur. In addition, the laboratory may have problems analyzing this sample and may request a second sample before issuing a report of the results.
6. My Sample may need to be sent to the lab of a collaborator for either preliminary analysis, interpretation of results, or quality control of the lab. This preliminary analysis may be done as part of research protocols. If your sample is sent to another lab, your sample will only be identified by a number.
7. One possible result of DNA testing is the discovery of previously undisclosed non-paternity or non-maternity. This requested DNA test could also reveal the genetic condition in another family member who provides a sample for testing.
8. Currently, the best alternative to DNA testing includes a clinical ophthalmology evaluation and/or genetic counseling. The benefits and limitations of these alternatives as they relate to my family have been adequately explained to me by my referring physician/genetic counselor.
9. After DNA testing of my sample is complete, any remaining material may be retained for medical research and education purposes as long as my privacy is maintained. This will not have any direct impact on me: however, in some instances, additional information may be required for research. I may be contacted in future for research purposes.
10. DNA testing may involve emotional stress and could result in insurance or work-related discrimination. This testing center treats the results of this test with standard medical confidentiality. However, if I ask my insurance provider to pay for this test, this Center may be obligated to release the test results to them.
11. My health care professional may recommend follow-up genetic counseling based on the results of this test. This is available either at the University of California or the center of my choosing.

Name of Referring Physician/Genetic Counselor: _____

Signature of Patient or Guardian _____ Date _____

Signature of Witness_____ _____ Date _____