

Research Opt Out Form

Please complete this form if you choose to opt out from future use of specimens or contact. Fax the completed form to 215-573-5940 or email it to gdllab@penmedicine.upenn.edu.

If the lab retains the specimen for future research or education the specimen will be de-identified by removing your personally identifying information. Your name, address and other personal identifying information will not be linked to the samples, or the results of the research, and you will not be identified in any research results or publications. You will not receive a copy of the research results. If you do not consent to the retention and preservation of the samples for future research, the lab will still perform the clinical genetic test and report those results.

I request that the DNA remaining after clinical genetic testing **not** be used for research purposes by initialing here: _____

The lab may wish to contact you, or your ordering healthcare provider, for additional information. The additional information may include, but would not be limited to, information about your health and your family history that might be relevant to the research. If you do not consent to have the Genetic Diagnostic Lab contact you or your ordering healthcare provider for additional information related to later research, the lab will still perform the clinical genetic test and report those results.

I request that the laboratory **will not** contact me or my ordering healthcare provider regarding additional information related to research by initialing here: _____

Patient's Printed Name: _____ DOB: _____

Patient's Signature: _____ Date: _____
(or Parent/Guardian if patient is a minor)

Name and Relationship: _____
(Parent/Guardian if patient is a minor)