



When genetic testing is ordered, current law (Massachusetts Ann. Laws ch. 111 section 70G (2000)) requires any laboratory to obtain authorization from the ordering medical practitioner that the test is either for the purpose of diagnosing or detecting an existing disease, illness, impairment, symptom or disorder, or that if it is not for such purpose, that the patient or the person authorized to consent for the patient has given his/her written informed consent.

**As a result, before we can perform the genetic test you ordered, the law requires that we receive the signed statement below. In order to complete the testing of your sample, please complete the information below and fax it back to us at: 508-793-8646.**

If we do not receive this authorization, which is required to complete the order, we will issue an inconclusive result report due to inadequate documentation and the associated billing statement. After this result is issued, if we receive the authorization required, we will gladly complete the testing at no additional charge.

If you have questions, please feel free to contact us at: 800-394-4493, x2, or to visit our website, [www.AthenaDiagnostics.com/informedconsent.asp](http://www.AthenaDiagnostics.com/informedconsent.asp). Thank you for your understanding and cooperation.

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**Medical Practitioner's Authorization to Perform Genetic Testing**

Patient Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Testing Ordered: \_\_\_\_\_

Athena Accession #: \_\_\_\_\_ *(if available)*

I warrant that the test is either: (1) for the purpose of diagnosing or detecting an existing disease, illness, impairment, symptom or disorder, or (2) that if it is not for such purpose, I have obtained the appropriate prior written consent. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person), and includes: (a) a statement of the purpose and description of the test; (b) a statement that prior to signing the consent form, the consenting person discussed with the medical practitioner ordering the test the reliability of positive or negative test results and the level of certainty that a positive test result for that disease or condition serves as a predictor of such disease; (c) a statement that the consenting person was informed about the availability and importance of further testing, physician consultation and genetic counseling, and provided with written information identifying a genetic counselor or medical geneticist from whom the consenting person might obtain such counseling; (d) a general description of each specific disease or condition tested for; and (e) the person or persons to whom the test results may be disclosed.

Medical Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ UPIN #: \_\_\_\_\_

**Fax back to Athena at: 508-793-8646**