ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

INFORMED CONSENT FOR PARENTAL ARRAY

Patient Name _____ Date of Birth _____ Sex ☐ F ☐ M

Sample Type _____ Test Indication _____ Test(s) to be Performed _____

- Participation in genetic testing is completely voluntary. Genetic counseling is recommended prior to and following genetic testing. See www.nsgc.org or www.acmg.net to find a medical genetics professional.
- The purpose of this test is to determine whether I carry the variant of uncertain significance (VUS) that was identified in my child/fetus.
- ARUP Laboratories has offered to test my sample at no charge if it is drawn within 4 weeks from the "Verified/Reported" date on my child's/fetus' microarray result. Although ARUP Laboratories will test my sample at no charge, the hospital or laboratory may charge for drawing my blood.
- Incidental findings may be identified in the process of testing my sample. Incidental findings are variants that were not identified in my child/fetus; they include any chromosomal gain or loss that is considered disease-causing or likely disease-causing. Incidental findings may confer an increased risk for disease for me or my current or future offspring. Examples of such risk include cardiovascular disease, cancer, neurodegenerative disorders, developmental delay and congenital anomalies.
- I have two options regarding how to receive results from this test depending on whether or not I wish to receive incidental findings:
  - **If I elect to receive incidental findings:**
    - My provider will receive an updated report for my child/fetus indicating whether or not the previously identified VUS was inherited.
    - If any incidental finding is identified in my sample, ARUP will issue a separate report under my name with information regarding that finding.
    - In addition to disease-causing variants, deletions conferring carrier status for recessive disorders may be reported at medical director discretion.
  - **If I elect NOT to receive incidental findings:**
    - My provider will receive an updated report for my child/fetus indicating whether or not the previously identified variant(s) was inherited.
    - Neither my healthcare provider nor I will receive a separate report describing any identified incidental findings.

Initial here ☐ **if incidental findings should NOT be reported.**

- Even if I elect to receive incidental findings, I understand that ARUP will NOT report any variant of uncertain significance identified, other than the variant(s) seen in my child/fetus.
- My DNA sample may be stored indefinitely to be used for test validation or education after personal identifiers are removed. No clinical tests other than the ones authorized will be performed. I may request disposal of my blood and DNA sample following completion of the test requested above by contacting ARUP at (800) 242-2787, ext. 3301. For more information about ARUP, please refer to www.aruplab.com.
- Although microarray testing usually yields precise information, several sources of error are possible. These include, but are not limited to, sample misidentification and inaccurate information regarding family relationships.
- If a genetic variant is identified, insurance rates, the ability to obtain disability and life insurance, and employability could be affected. The Genetic Information Nondiscrimination Act of 2008 extends some protections against genetic discrimination (http://www.genome.gov/10002328). All test results are released to the ordering health care provider and those parties entitled to them by state and local laws.
- Because ARUP is not a storage facility, most samples are discarded after testing is completed. Some samples may be stored indefinitely for test validation or education purposes after personal identifiers are removed. All New York samples are discarded 60 days following test completion. You may request disposal of your sample by calling ARUP Laboratories at (800) 242-2787 ext. 3301.
- In cooperation with the National Institutes of Health's effort to improve understanding of specific genetic variants, ARUP submits HIPAA-compliant, de-identified (cannot be traced back to the patient) genetic test results and health information to public databases. The confidentiality of each sample is maintained. If you prefer that your test result not be shared, call ARUP at (800) 242-2787, ext. 3301. Your de-identified information will not be disclosed to public databases after your request is received, but a separate request is required for each genetic test. Additionally, patients have the opportunity to participate in patient registries and research. To learn more, visit www.aruplab.com/genetics/resources.

INFORMED CONSENT FOR PARENTAL ARRAY

Patient/Legal Guardian: I authorize ARUP Laboratories to perform microarray testing. The benefits, risks, and limitations of this testing have been explained to my satisfaction by a qualified health professional.

Patient/Guardian Printed Name	Signature	Date

Ordering Healthcare Provider

I have explained this DNA test, including its risks, benefits and alternatives to the patient or legal guardian and addressed all their questions.

Healthcare Provider Printed Name	Signature	Date

Specialty	Phone Number	Fax

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