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SCHOOL OF
MEDICINE

Mount Sinai Genetic Testing Laboratory

Informed Consent for Pharmacogenetic Testing

I, _____, hereby request DNA based testing for variants in drug metabolizing gene(s). I have received verbal and/or written information from my physician or from a genetic counselor that described, in words that I understood, the nature of the genetic testing that I am about to undergo.

I understand that I am being tested for variants in drug-metabolizing enzyme(s) that may affect the way I metabolize certain medications. I will be classified as either a poor, intermediate, extensive or ultra-rapid metabolizer, with extensive being normal and the others meaning drugs will be metabolized at faster (ultra-rapid) or slower rates (poor).

This testing may allow my doctor to more effectively prescribe medication(s) for me. However, I do understand that this testing does not take into account non-genetic factors that may influence proper dosing and my doctor should interpret the results relative to my clinical situation.

The nature of DNA testing has been explained to me and the accuracy of the test and its limitations have been detailed. I understand that while results obtained from DNA testing are usually highly accurate, infrequent errors may occur. The likelihood of this occurring has been estimated to be less than 1%.

The results of my test will be explained to me by a genetic counselor or by my physician who will have the opportunity to discuss my results with a Clinical Geneticist.

I have had the opportunity to have all of my questions answered. I understand that this consent if being obtained in order to protect my right to have all of my questions answered before testing. I also understand that the results of this testing will become part of my medical record and may only be disclosed to individuals who have legal access to this record or to individuals who I designate to receive this information.

_____ _____
Signature of Person Being Tested Date

_____ _____
Witness Date