



STATE UNIVERSITY OF NEW YORK

UNIVERSITY HOSPITAL AND MEDICAL CENTER, LEVEL 5, SUITE 2

Division of Genetics
Genetic Counseling

INFORMED CONSENT FOR FRAGILE X TESTING

To perform the Fragile X test that your physician recommends one tube of blood (5-10 ml = 1-2 tsp) will be drawn. The genetic material in your cells will be extracted and analyzed.

The sample will be tested only for Fragile X. The sample will be discarded after 60 days.

This test can detect one of the many causes of mental retardation. This test is highly accurate however rare technical errors can occur. This test is considered investigational by the New York State Department of Health. Your physician may order other test to complete the diagnosis.

The results of the test will be reported to your physician and/or genetic counselor. They will explain the significance of the result to you.

The result is confidential and it may only be given to:

- Other institution that needs the information to provide health care for you.
- To any person or institution that the court orders disclosure under limited circumstances set forth by the law.

If you have any questions regarding confidentiality you may call New York Division of Human Rights at 212-961-8650. All my questions regarding Fragile X testing have been answered. I consent to taking the test for Fragile X.

Signature	Date	Print name of Patient
-----------	------	-----------------------

If signed by someone other than the patient,

Signature	Relationship to Patient
-----------	-------------------------

Signature of Physician or Genetic Counselor	Date
---	------