



# Medical Genetics of Nevada LLC

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## Patient Informed Consent for Genetic Testing

\_\_\_\_\_ (Patient's Name/Name of Legal Guardian/  
Representative) authorize the genetic testing company to conduct testing for  
myself/my child as ordered by my physician/my child's physician.

The laboratory will release the results of the genetic testing only to my physician, or  
to persons authorized by me or as required by law. I authorize my physician to request  
on the test order that a copy of my test results be given to the following persons:

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### Physician Statement

By their signature below, the physician indicates that she/he has explained the  
purpose of the test, the procedures, the benefits and risks that are involved in testing  
to their patient/patient's legal guardian. The patient/patient's guardian has been  
given the opportunity to ask questions about this consent and seek genetic counseling.  
The physician acknowledges that her/his patient/patient's guardian has voluntarily  
decided to have the genetic testing done.

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

### Patient's Statement

I, the undersigned, have been informed about the test(s) purpose, procedures,  
possible benefits and risks, and I have received a copy of this consent. I have been  
given the opportunity to ask questions before I sign, and I have been told that I can ask  
other questions at any time. I voluntarily agree to genetic testing for myself/my child.

Signature of Patient/Guardian/Legally Authorized Representative:

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Date: \_\_\_\_\_