

EXPRESS CONSENT FOR DNA COLLECTION, ANALYSIS, AND DISCLOSURE

I understand that DNA analysis is often used in medical diagnosis and treatment, and that my Advanced Urology Institute, LLC (AUI) provider may recommend the collection and retention of a biological sample (including but not limited to urine, blood, saliva, or tissue (for example a biopsy)) for such an analysis. The analysis may be conducted in an AUI lab or sent to a third-party lab. The lab will send the results of your analysis to your AUI provider, who may share it with other providers. Common uses of DNA analysis include assisting in the diagnosis and treatment of urologic cancers or understanding the risk of cancer in patients or their family. Examples of testing that involve DNA analysis include Hereditary Cancer Panels (sometimes called Germline testing), Prostate Cancer genomic testing (Prolaris, Oncotype DX, Decipher, Confirm MDx), Fluorescence in situ hybridization (FISH), and testing for certain genes to aid in treatment choice (for example ARV7 testing in Prostate Cancer, in general known as Somatic testing). I understand that the results of a DNA analysis are my exclusive property, are confidential, and may not be disclosed without my express consent. I understand that I am entitled to receive a clear and prominent disclosure regarding the manner of collection, use, retention, maintenance, or disclosure of a DNA sample or results of a DNA analysis for specified purposes.

I authorize AUI to collect, use, disclose, and re-disclose my DNA sample and the results as needed for treatment, payment, health care operations purposes, and as otherwise permitted by law and AUI's HIPAA Notice of Privacy Practices. I further authorize AUI to use, disclose, and re-disclose my de-identified DNA sample and DNA analysis for quality, operational, educational, research, or commercial purposes. Commercial purposes can include the sale of de-identified data. The term de-identified means that we have removed your name and certain other identifiers required to be excluded by applicable law, but potentially assigning the information a key code in accordance with an institutional review board approved coding system. In no instances will your personally identifiable results be disclosed other than as authorized by you or as required by applicable State and Federal law. The results will be maintained in my records for as long as AUI elects to retain them.

I understand that my DNA sample may be sent to a laboratory for analysis, and I request that the laboratory send the results of my DNA analysis and genetic testing to AUI. Neither AUI nor the laboratory will use my information to grant or deny any insurance, employment, mortgage, loan, credit or educational opportunity, although a *diagnosis* made from genetic test results could affect certain insurance or insurance rates, and laws against genetic discrimination may not apply to the military. My physician may not be able to determine if changes in my genes caused my health condition, or whether they will cause a health problem in the future. Genetic testing and DNA analysis may change over time as technology develops. I understand my samples or results might not be re-analyzed in the future, even if new technology would give different results.

By signing below, I give my DNA sample to AUI, and it may be discarded or retained by AUI or laboratories as they deem appropriate, and I agree that I am giving up any property or other interest in the DNA sample.

I agree that I have received a clear and prominent disclosure regarding the manner of collection, use, retention, maintenance and disclosure of my DNA sample or the results of my DNA analysis for specified purposes.

I expressly consent to the collection and retention of a DNA sample and transmission of the DNA sample to laboratories if my AUI provider so recommends for diagnosis and treatment for a specified purpose.

I expressly consent to the analysis of a DNA sample by AUI or a third-party laboratory if my AUI provider so recommends for diagnosis and treatment for a specified purpose.

I expressly consent to the disclosure of the results of the DNA analysis to AUI and my physicians and/or a third party for specified purposes including treatment, payment, and health care operations. I expressly consent to the use and disclosure of my de-identified DNA sample and DNA analysis for quality, operational, educational, research, or other commercial purposes.

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON
(signature required)

RELATIONSHIP TO PATIENT

PRINTED NAME OF PATIENT

DATE OF BIRTH

DATE: _____

TIME: _____ A.M./P.M.