

Minor Consent Form

I authorize Molecular Testing Labs™ (Molecular™) to process the ordered testing and release the results of the testing ordered to the persons, providers and/or organizations listed on this form for the purpose of medical care. The following items must be completed and signed or specimen will not be processed and results will not be released. I understand that I may revoke this authorization at any time, except to the extent that Molecular has taken action in reliance on it. My revocation must be in writing to Molecular. I understand that once my test result is disclosed, it may be subject to re-disclosure by the recipient and may no longer be protected by genetic testing privacy laws, HIPAA, or other health information laws. This authorization expires upon disclosure of my test result.

Provider Name		Practice / Clinic Name	
Patient First Name	Patient Last Name		Patient Date of Birth
Parent / Guardian First Name	Parent / Guardian Last Name		Date
Relationship to Patient / Basis for Signature		Parent / Guardian Signature	

SPECIMEN BARCODE / ID HERE

Place a copy of the requisition barcode above this line, or hand-write the barcode number here so the form can be linked to the test requisition.

