* ***Copy and paste into appropriate identified section of the consent template, if appropriate.***
* ***Use this language when research involves genetic testing or whole genome sequencing of biospecimens.***

**Genetic Testing**

Genetic testing is done on blood and other specimens. In this project, we will do genetic testing on your [blood or specimen]. Whole genome sequencing [may/will] be included as part of the genetic testing for this research. This will be collected [identify method and time frame]. Genetic testing will be done because [include reason for genetic testing]. [Insert additional information regarding specific genetic testing occurring in the project.]

This genetic testing is for research only. The purpose is not to discover information that could be used to change your medical care, make or change your diagnosis, or advise you on your risk of diseases.

***Will the item for genetic testing be identified or de-identified? Choose one statement and delete the other.***

Information that can identify you [will/will not] be attached to your [blood or specimen]. The research team will make every effort to protect the information and deep it confidential,

But it is possible that an unauthorized person might see it. Depending on the kind of information being collected, it might be used in a way that could embarrass you.

It is against federal law (Genetic Information Nondiscrimination Act, or GINA) for health insurance companies to deny health insurance, or large employers to deny jobs, based on your genetic information. But the same law does not protect your ability to get disability, life, or long-term care insurance. If you have questions, you can talk to the principal investigator about whether this could apply to you.

***Will the result be given to the subject? Choose one statement and delete the other. If the project allows the subject to receive the genetic test results, allow the subject the choice not to receive them.***

* You will not be given your genetic test results.
* You will be given your genetic test results [Principal Investigator name] can arrange for you to meet with a genetic counselor. You can request that [Principal Investigator name] give it to relatives, your personal doctor, insurance companies, etc.

Initial if you do NOT want to receive your genetic test results:

\_\_\_\_\_ I do not want to receive my genetic test results.

**My decision about the genetic research [This section may be removed only if genetic testing is a mandatory aspect of the project.]**

Initial either 1 or 2:

***If the subject can still participate in the project whether or not they allow genetic testing, use this set of questions 1, 2, and 3:***

1. \_\_\_\_\_ I do NOT want genetic testing done on my [blood or specimen] in this project. This means that I can still participate in the project.
2. \_\_\_\_\_ I agree to have genetic testing done on my [blood or specimen] in this project.
3. \_\_\_\_\_ I give [Principal Investigator name] permission to give my genetic test results to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***If the subject can NOT participate in the project if refusing genetic testing, use this set of questions 1, 2, and 3:***

Initial either 1 or 2:

1. \_\_\_\_\_ I do NOT want genetic testing done on my [blood or specimen] in this project. This means that I can still participate in the project.
2. \_\_\_\_\_ I agree to have genetic testing done on my [blood or specimen] in this project.
3. \_\_\_\_\_ I give [Principal Investigator name] permission to give my genetic test results to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.