NY

INFORMED CONSENT FOR GENETIC TESTING: SHOX-DNA-DX TEST

Physic Endoc	ian: Please ask your patient to read and comple rinology will perform genetic testing only when the	ete this co is form ha	onsent form for genetic to s been completed.	esting. Esoterix
I have regard reques	counseled Mr/Msing genetic testing and have obtained his/her info ted.	ormed cor	ntent for each of the gen	etic tests
		,	•	,
	Signature of Physician		Date'	
PATI	ENT INFORMATION REGARDING TH	łE SHO	X-DNA-DX TEST	•
Short sidescription of the SH unexperient of the SH unexperient of the diagram of	counseling, further testing, additional physician tient you may seek the advice of a professional genet itive I may seek advice, including the request for more how my test result relates to short-stature. I may con nformation on the SHOX-DNA-DX test en retention	iffic DNA is or DNA in a consulte counselve testing, fract Esote	amplified and examined in puences" that contain unexpondent by component meto determine whether your rphisms [DNA changes that lined by studies published in ages in your DNA that has been a negative test will have shown a published change has been fure. Some of these change out stature. If release SHOX-DNA-DX to preprior to signing this form, form my physician and or a grix Endocrinology at (800) 4	a way that pected changes. Tanner using a SHOX "DNA" hat are not known to peer-reviewed been or have sult usually ends proved by bown that your DN. Jound but has not pes may be a sest results only to the sult usually ends from the sult of the sul
control.	Endocrinology may retain specimens for up to 1 year Signature	Tot ne ba	irpose of repeat testing, res	scarcii, or quality
I have re	eceived counseling from my physcian regarding the S d above.	HOX-DNA	-DX test and have read all	the information
,	Signature of Patient		Date	