

Consent to Obtain DNA Sample

I _____ give consent to the office of Juan Cabrera, Jr, MD to perform a buccal (cheek) swab in order to obtain a sample of my DNA. I understand that this sample will only be sent to the company GeneSight for testing; the sole purpose of testing is to analyze my unique DNA to get a better understanding as to which medications I might better respond and which medicines might cause more side effects. I have been advised of and agree to the charge (\$20) from the office of Juan Cabrera, Jr. MD for obtaining, handling, and sending the sample to GeneSight for processing. This cost is separate to my charges from GeneSight; I have also been advised of and agree to the cost of analyzing my DNA at GeneSight.

Signature of patient or legal representative

Date

Print name

Signature of witness

Date

Print name