

University Family Medicine Center PA
10055 University Blvd Orl, FL 32817
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DNA Test Informed Consent Form
Test Name: Cologuard® (Stool DNA Test)

1. Description of Test

This test analyzes your stool for signs of colon cancer by detecting DNA changes and blood. The DNA markers are extracted from your sample and examined in a laboratory.

2. Purpose of Test

To screen for signs of colorectal cancer or precancerous changes in the colon.

3. What Will Happen to My Sample and DNA Information

- Your sample will be collected and analyzed by Exact Sciences Laboratories.
- Your DNA will be used only for this medical test.
- The DNA results will be kept confidential and released only to you or your authorized provider.
- Your sample will be destroyed or de-identified according to the laboratory's retention policy.

4. Your Rights under Florida Law

- Your DNA and the test results are your personal property.
- No person, company, or insurance provider may share, sell, or analyze your DNA without your express, written consent.
- You may withdraw your consent at any time.
- Any unauthorized use or release of your DNA is punishable under Florida law.

5. Authorization and Signature

By signing below, I confirm that:

- I understand the purpose and limitations of this test.
- I authorize the collection and analysis of my stool sample for DNA-based colorectal screening.
- I have had the opportunity to ask questions and have them answered.
- I voluntarily give my informed consent for this test.

Name: _____ Date: _____