



### Direct-to-Consumer Patient Information and Consent Form:

GENOTOX LABORATORIES offers Direct-To-Consumer (DTC) urine drug screening and testing. DTC testing requires an authorization by the patient to complete the testing within the laboratory. I verify that the specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my provider and/or a third-party lab. Genotox will handle my protected health information (PHI) in compliance with HIPAA requirements and any state laws that are applicable. I understand that Genotox reserves the right to use my de-identified information (the removal of my protected health information from my results that identifies it as mine) for research, validation, and accreditation purposes.

I (patient) hereby authorize Genotox Laboratories to release my test results to my ordering provider and/or to the following organization:

Provider/Organization: \_\_\_\_\_

**By signing this agreement, you (the patient) authorizes Genotox Laboratories to analyze your sample and provide the results to you and any additional individuals listed above.**

*\*\*\* Please sign and return this signature page with each labeled sample you provide to Genotox Laboratories \*\*\**

PATIENT INFORMATION	
PATIENT NAME: _____	
DOB: _____ / _____ / _____	PHONE: _____
SIGNATURE: _____	DATE: _____