prevention genetics

Test details and online ordering:
PreventionGenetics.com

PREVENTIONGENETICS USE ONLY

All testing must be ordered by a qualified Healthcare Provider

RESET FORM

New York State Sample Retention Form

My healthcare provider has ordered one or more genetic tests offered by PreventionGenetics, a clinical laboratory.

Patient information

Last (family) name	First name	MI	Date of birth (MM/DD/YYYY)

Address	City	State / Province	Zip / Postal code

Email	Phone number	Medical record number (MRN)

Test(s) requested (Name of test and/or test code)

Retention of Unused DNA Statement for New York State Samples

PreventionGenetics' general policy is to retain all excess DNA from patient testing at least two years. This allows for easier ordering of additional testing in the future and saves considerable phlebotomy and shipping costs to the patient and healthcare system. Excess DNA specimens may also be used for quality-control measures. They may also be used for research on genetic variants associated with the diseases or conditions for which I was tested, as well as related diseases or conditions. This may include additional testing of my retained samples and any such use will be subject to Institutional Review Board approval or otherwise permitted under applicable law. New York (NY) law requires patient consent in order to retain excess DNA beyond 60 days. If this signed form is not received before testing is completed, my sample will be destroyed.

I authorize PreventionGenetics to retain unused DNA for potential future testing ordered by my Healthcare Provider and for the purposes described above. I understand I may revoke this consent at any time and request that my sample be destroyed by contacting PreventionGenetics.

Patient or legal representative signature	Printed name	Date

©2026 Abbott. All rights reserved.