



GoPath Laboratories
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Patient Consent-Release of Information Genetic Testing

I authorize GoPath Laboratories to release any pertinent and requested information without limitation. Your medical information provided by your physician and/or genetic counselor, which includes laboratory results and/or genetic test results to my health plan and/or insurance provider to directly pay GoPath Laboratories for any services rendered. I understand that I am financially responsible for any portion not covered and/or deemed deductible or copay by my health plan.

Was a copy of this consent given to the patient? Yes Patient Refused Copy

Patient Name _____

Date of Birth _____ Date of Visit _____

Address _____

Patient Signature _____

Date Signed _____