Rockefeller University Institutional Review Board
IRB NUMBER: AAU-0112
IRB APPROVAL DATE: 01/13/2021
IRB EXPIRATION DATE: 01/12/2022

Section of Cytogenetics
PFI: 3492-7093A610
CLIA: 33D0716531
The Rockefeller University Hospital
1230 York Avenue
New York, NY 10065

AUTHORIZATION FOR SECTION OF CYTOGENETICS
THE ROCKEFELLER UNIVERSITY HOSPITAL
TO RELEASE CLINICAL LABORATORY REPORTS

I hereby authorize the above laboratory to release any results from FA testing done as part of the cytogenetics clinical laboratory to:

Physician/Genetic Counselors Name: ____
Physician/Genetic Counselor Phone Number: ________________________________

Participant Tested: ____ (names)

If participant is a minor:
Parental Signature: ________________________________ Date: __________

If participant tested is a consenting adult:
Signature: ______________________________________ Date: __________

If participant tested is an adult not legally capable of giving consent:
Guardian Signature: ________________________________ Date: __________

If you have any questions or concerns about this form please contact us at fanconiregistry@rockefeller.edu (212-327-8612) or contact Dr. Arleen Auerbach at auerbac@rockeller.edu (212-327-7533).

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11/19/18