Low Vision Centers of Indiana Information Needed to Order Carver Labs DNA Testing for Project Chroma

THIS IS FOR PATIENTS OF THE LOW VISION CENTERS OF INDIANA ONLY!

Patient Information:

Patient's Full Name:_____ DOB:_____

Ethnicity (Circle): African American Asian Caucasian Hispanic Jewish (Ashkenazi)

Other Ethnicity Than Listed Above:_____

Address: _____

City:_____ State: _____ Zip:_____

Email Address:_____

Any Previous Genetic Testing: Yes No Condition Being Tested for:_____

Any Other Family Members Affected:_____

_____

[ ] I am interested in learning about any research project that may pertain to me or my condition. By checking this box and initialing at the end of this line, you give Carver Labs the opportunity to contact you about appropriate research projects in the future. Initials:_____

Biological Parent Info:

Mother's Names:_____ DOB:_____

Address: _____

City:_____ State: _____ Zip:_____

Please check mark the box as appropriate: [ ] Biological mother is affected with Achromatopsia.

[ ] Biological mother will provide a blood sample for testing.

Father's Names:_____ DOB:_____

Address: _____

City:_____ State: _____ Zip:_____

Please check mark the box as appropriate: [ ] Biological father is affected with Achromatopsia.

[ ] Biological father will provide a blood sample for testing.

Test(s) to Be Ordered:

Achromatopsia 12-14 Weeks for Results Cost: $181.00

(Carver Labs have asked that biological parents also provide blood samples to help in testing for Achromatopsia. This is done at no additional charge.)

Payment Information:

[ ] Check made out to Carver Labs

[ ] Credit Card Circle: Visa Mastercard

Name on Card:_____

Billing Address on Card:_____

City: _____ State: _____ Zip:_____

Card Number:_____ Expiration Date:_____

Verification Number: _____ Amount to Be Charged:_____

I authorize the Low Vision Centers of Indiana to provide Carver Labs with my credit card information for payment of the above DNA testing in the amount listed above.

Signature:_____ Date:_____

By signing below, I understand that this type of testing is very specialized and takes 12-14 weeks to get the results back. Once the testing is complete, your doctor at the Low Vision Center will contact you and provide genetic counseling to you on your test results. This counseling is required by Carver Laboratories or they will not perform the testing.

Signature:_____ Date:_____

(Patient or Parent/Legal Guardian)