



MyPerioID[®] Consent Form

This consent form is intended to document your understanding of and agreement to take a DNA risk assessment test being offered by OralDNA Labs.

MyPerioID[®] is a genetic test that analyzes the Interleukin 6 gene (IL6) for a variation that identifies an individual's predisposition for over-expression of inflammation and risk for more severe periodontal disease. MyPerioID[®] identifies a specific polymorphism (genetic variation) in the gene that regulates the production of interleukin-6 protein (IL-6). Higher levels of IL-6 are associated with destruction of soft tissue attachment and bone, and increased severity of periodontitis. This specific test need only be done once in a lifetime and may provide information important to your periodontal health. Your doctor may suggest a more aggressive treatment strategy if you are MyPerioID[®] high risk and have other relevant risk factors.

This is NOT a DIAGNOSTIC TEST. It is a RISK ASSESSMENT TEST. Persons who learn they possess an IL6 genotype associated with risk for periodontitis may NEVER experience the disease. Persons who learn that they have an IL6 genotype that has not been associated with a periodontitis COULD still experience the disease. Periodontitis is caused by the interaction of many factors and the presence or absence of one does not determine any particular outcome. This test is intended to help you plan and follow a course of treatment and a healthy life style that may lower the risk that you will develop periodontitis.

This is not a blood test. The test is performed on DNA extracted from an oral specimen. When the laboratory receives your sample, it will perform the test. The test results and the interpretation thereof will be reported to your dentist.

Your DNA will not be used for any purpose other than for the MyPerioID[®] test, and any unused DNA will be destroyed after the test is completed. The company will NOT save your DNA. The company pledges TO PROTECT THE PRIVACY of your test results. It will not share the test results with any other person or business entity.

By signing this consent form you acknowledge that you are at least 18 years old, that you have the capacity to consent, and that you do consent to this test as described. You also acknowledge that you understand that you may call the company at: 855.ORALDNA (672.5362) if you have any questions about the MyPerioID[®] Consent Form before you decide to sign the document.

Signature _____ Print Name _____
Date _____

If under 18:

Signature of Legal Guardian _____ Print Name _____
Date _____