Opt-out of Anonymous or Coded Genetic Research
(OHSU Internal Use Only – Not for Use by Patients)

OHSU has received a communication that the individual identified above has opted-out of anonymous or coded genetic research.

OHSU Department Who Received Opt-Out: ______________________________

Date Opt-Out Received by OHSU: ______________________________

Use this form when OHSU receives a patient’s opt-out of coded or anonymous genetic research from a non-OHSU health care provider. Send completed forms to HIS, Mail Code: OP-17A.