

MED. REC. NO.
NAME
BIRTHDATE

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Patient Identification

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

anonymous or coded genetic research.	, , , , , , , , , , , , , , , , , , ,
OHSU Department Who Received Opt-Out:	
Date Opt-Out Received by OHSU:	

OHSU has received a communication that the individual identified above has opted-out of

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.