



**THE OHIO STATE
UNIVERSITY**

This short survey asks you your preferences for genetic counseling. As part of the study you can speak or meet with a genetic counselor about your test results or any other questions you may have. This genetic counseling session is free (no charge). Once you provide your preferences, a member of our research team will contact you to schedule the session.

You were provided with an ID# in the email we just sent you. Please input that ID# in the space below.

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You have several options for genetic counseling. You can speak to the genetic counselor on the phone, meet with them in-person on the main OSU campus, or do the counseling session via online video conference. What is your preference?

Phone

In-Person

Online Video Conference via WebEx

Don't Care

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Do you have a computer, tablet or cell phone with internet access that you can use for an online video conference?

Yes

No

Please select your preferred format for the genetic counseling session.

Phone

In-Person

Don't Care

Have you reviewed at least one of the nine Coriell test reports through online web portal?
These test reports provided specific disease risk information based on genetic testing and other information you provided.

Yes

No

Not Sure



Which of the following nine Coriell test reports have you looked at? Check all that apply.

Type 1 Diabetes

Type 2 Diabetes

Hemochromatosis

Lupus (SLE)

Coronary Artery Disease

Prostate Cancer

Skin Melanoma

Age-Related Macular Degeneration

Plavix (Clopidogrel)

I have not looked at the reports.

If you would like to discuss specific test reports with your genetic counselor, please click on that test report and write your specific questions in the space below.

Type 1 Diabetes

Type 2 Diabetes

Hemochromatosis

Lupus (SLE)

Coronary Artery Disease

Prostate Cancer

Skin Melanoma

Age-Related Macular Degeneration

Plavix (Clopidogrel)

I have no questions about the reports.

Beyond the Coriell test reports, is there something else in your personal medical history or family history that you would like to discuss with the genetic counselor?

Yes

No

Not Sure

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Is what you would like to discuss related to any of the following diseases?

Cancer

Heart Disease

Both Cancer and Heart Disease

Neither Disease

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What else in your personal medical history or family history you would like to discuss with the genetic counselor?

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Thank you for taking the time to fill out this short survey. We will reach out to schedule an appointment as soon as possible. In the meantime, you can access more information about the diseases and drug responses in the Coriell reports from the website below.



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We thank you for your time spent taking this survey.
Your response has been recorded.