

## GENOMIC ANALYSIS CONSENT FORM

With my signature below, \_\_\_\_\_, I request and permit Science Labs to analyze genes related to the condition stated in the requisition form on my or my child's sample.

### I FULLY UNDERSTAND THE FOLLOWING:

1. More information about \_\_\_\_\_ (condition investigated) may be provided by my physician or a clinical geneticist/counselor.
2. The analysis results may be:
  - (1) Positive, and may:
    - i. contribute to the diagnosis of the genetic condition.
    - ii. reveal a carrier status for a genetic disorder.
    - iii. reveal predisposition or high risk for a genetic disorder in the future.
    - iv. have consequences for other family members .
  - (2) Negative, and may:
    - i. reduce but not eliminate the possibility the disorder has a genetic basis.
    - ii. reduce but not eliminate the predisposition or possibility to present a genetic disease in the future.
    - iii. not be informative.
    - iv. not remove the need for further investigations.
  - (3) Of Unknown Significance and may:
    - i. indicate that more family members' testing may be useful.
    - ii. remain as such in the foreseeable future.
    - iii. Be determined in the future. The referring physician is responsible for informing me about potential changes in this test findings' classification.
3. Science Labs will report ONLY PATHOGENIC and LIKELY PATHOGENIC findings, related to the reason of referral. For the reporting of additional findings, my physician needs to file a written request.
4. This genomic analysis may not be diagnostic for the disorder investigated for all patients. This test may or may not offer actionable information or have an impact on my healthcare management.
5. Some DNA alterations, which may lead to the specific genetic disorder, may not be detectable with this test. As in all molecular genetic tests, genomic testing performed by Science Labs has certain technical limitations, which may inhibit the detection of certain rare alleles, due to low quality DNA, DNA sequence inherent properties or other types of restrictions.
6. There may be sources of error, which include but are not restricted to the following: contamination, rare alleles which may inhibit the analysis and inaccurate information about family member relationships or the clinical diagnosis.
7. Science Labs will interpret only findings at gene regions indicated in the requisition form, by the referring physician. Nevertheless, the method investigates additional genes related to a broader disorder spectrum. In order to report and interpret additional findings, a written request from the referring physician is required. (additional fees may apply)
8. Science Labs' results report will be released only to the physician stated on the requisition form. Reports are confidential and may be released to another physician only following my explicit written request. I have been informed that, following my physician's approval, I may receive a copy of the report.
9. It is my responsibility to consider possible consequences the results may have concerning insurance issues, disability or employment.
10. Science labs' genomic testing results are analyzed with the assumption that family member relationships declared are accurate. It is possible that a discrepancy between results and family members' relationships is revealed, in case more than one family

member is tested, such as non paternity. It may be mandatory to reveal this type of information to the person requesting the test.

11. Genetic counseling, by a geneticist, genetic counselor or other specialist will be recommended, who will be able to answer my questions and provide guidance concerning alternatives before and after this testing. Further investigation or medical advice may be required.
12. My (or my child's) personal information will be stored, with strict security measures taken, for 10 years. My (or my child's) identifiable medical information will not be used in research for profit prior to my written consent.
13. Because of the possibility that new data may arise in the future, my physician may request Science Labs to update the result's clinical significance.
14. I am entitled to receive a copy of this consent.

#### WITH MY SIGNATURE, I CERTIFY THE FOLLOWING

1. I have been informed about the possibility that there may be findings in the gene(s) for which I or my child are being tested and we have received clinical information concerning the analysis. I have the right not to be informed about the results.
2. I have read and understood the information in this form and I was allowed the time and space to express questions to be answered by my physician or a geneticist.
3. I have the right to cancel the analysis at any step of the procedure, until results are issued. I have the right to either partially or fully revoke my consent, without having to explain the reasons why.

Patient's signature(or legal guardian's)	Date
Patient's Name (or legal guardian's)	e-mail

#### REFERRING PHYSICIAN'S DECLARATION

With my signature below, I affirm that I am the referring physician (or the responsible healthcare provider). I have given explanations for the purpose of the above investigations. The patient was given the opportunity to express related questions and to seek for genetic counseling. The patient has consented to the above testing, performed by Science Labs.

Referring Physician's Signature	Date
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