

GENETIC TESTING INFORMED CONSENT

I, _____, request and permit CIRCULOGENE to analyze the gene or gene panel indicated on the test requisition form in: ___my sample ___my child's sample. Genetic information provided in CIRCULOGENE's personalized report contains information about certain health conditions or kinds of cancer for which me and my family may be at increased risk. Therefore, I understand that:

1. The results of this genetic test could be positive and may:
 - a. Contribute to the diagnosis of this condition
 - b. Reveal an increased risk for developing this condition
 - c. Reveal carrier status for this condition
 - d. Help guide the treatment and management of this condition through precision medicine
 - e. Have implications for other family members
2. The results of this genetic test could be negative and may:
 - a. Reduce but not eliminate the possibility of having this condition
 - b. Reduce but not eliminate the risk of developing this condition in the future
 - c. Not eliminate the need for additional testing
3. The results of this genetic test could be of uncertain or unknown significance and are not typically reported unless specifically requested. Furthermore, molecular genetic tests may be suggestive of a condition different than the condition tested for and may or may not provide actionable information. Results of this test may also be combined with other health information to aid in diagnosis of the condition. Because all technology has limitations and the potential for errors, some DNA mutations or protein products that could cause a specific genetic disorder may not be detected by this test.

Genetic testing is complex, and results may have a major impact on future health care; therefore, it is important to fully understand its risks and benefits and obtain professional genetic counseling if needed. I further understand that it is my responsibility to consider the possible impact of my or my child's test results as they relate to insurance rates, obtaining disability or life insurance and employment.

CIRCULOGENE will only interpret the parts of the DNA sequence of gene(s) indicated on the requisition form and will only report results to the certified healthcare professional(s) listed. Results are confidential to the extent allowed by law and will only be released to other medical professionals or other parties with my written consent or as otherwise allowed by law. Release of other parts of the remaining genetic data may be requested through my healthcare provider.

My (my child's) data and personal information will be stored and protected in strict confidence, complying with regulatory requirements (e.g. HIPAA and equivalent protections) and my (my child's) individually identifiable health information (i.e., "Protected Health Information" under HIPAA) will not be used in for-profit research without my additional, explicit consent.

BY SIGNING BELOW, I ATTEST TO THE FOLLOWING:

1. I have been informed of the likelihood of finding a change in the gene(s) for which I, or my child, am being tested
2. I have read and understand the information on this form and have had an opportunity to have any questions answered by my healthcare provider

PATIENT SIGNATURE

DATE

PATIENT NAME (PLEASE PRINT)

EMAIL ADDRESS

SIGNATURE OF PARENT OR GUARDIAN, IF PATIENT IS A MINOR

DATE

PARENT OR GUARDIAN'S NAME (PLEASE PRINT)

EMAIL ADDRESS