



Genetic Testing Informed Consent

Introduction. This form describes the benefits, risks, and limitations of genetic testing related to cancer. Please read this form carefully before making your decision about testing. This is a voluntary test.

Purpose. This test analyzes a specific gene or gene(s) for genetic changes called variants. The gene(s) analyzed are associated with certain hereditary cancer risks, and/or with response to cancer treatments. This test can help determine if a person has an increased risk of developing certain tumors due to a variant(s) or an increased risk of side effects from a cancer treatment. Genetic testing allows a better estimate of an individual's risks.

Test Procedure. Upon submitting your cheek swab or saliva sample, MiraDX Inc. will analyze the DNA of specific genes.

Test Results and Interpretation. Your results should be evaluated in the context of personal and family health history, the results of physical examination, laboratory and hospital tests, and the clinical impression of your healthcare provider. Possible result outcomes can include positive and negative, or low-risk and high-risk. Knowing this information may help you and your doctor make more informed choices about your healthcare.

MiraDX Inc. keeps test results confidential and is fully in compliance with all Health Insurance Portability and Accountability Act (HIPAA) regulations. MiraDX will only release your test results to your healthcare provider, his or her designee, or to another healthcare provider as directed by you (or a person legally authorized to act on your behalf) in writing, or otherwise as required by federal and state laws. MiraDX will dispose of your DNA unless you have given explicit permission for them to keep it for research.

Benefits. Your genetic test results may help you and your doctor make more informed choices about your health care. The identification of gene variant(s) in a family could enable other blood relatives to determine whether or not they share the same genetics.

Limitations. This test analyzes only certain gene(s) associated with specific cancer risks or responses to treatments. The findings do not diagnose cancer, they do not indicate that an individual will get cancer, nor do they rule out the possibility of a response or side effect from cancer treatment.

Future Correspondence. Due to the dynamics of this field, there continues to be new information and data. It is recommended that you keep in contact with your healthcare provider, annually, to learn of any new developments in cancer genetics and to provide any updates to your personal or family history that may affect your cancer risks. You will also be receiving surveys from MiraKind if you have joined their registry.



Patient Consent Statement

By signing below, I, the patient having the test performed, acknowledge that:

- I understand the benefits and limitations of the genetic test(s) to be performed as indicated.
- I understand I may seek out a professional health care consultation before consenting to this genetic test to answer any questions I may have.
- I understand the reliability of positive or negative test results and the level of certainty that a positive test result for that disease or condition may or may not serve as a predictor of such disease.
- I understand that the reliability of a low-risk versus a high-risk result does not rule out the possibility of toxicity from cancer treatment.
- I have read this document in its entirety and realize I may retain a copy for my records.
- I consent to having genetic testing for either predisposition to cancer and/or side effects from cancer therapy, and I will discuss the results and appropriate medical management with my healthcare provider.

Name of patient having testing (please print): _____

Date of Birth: _____

Signature of patient: _____

Date: _____