



Sema4 Natalis Informed Consent for Parents

Sema4's Natalis has been ordered for your child. This informed consent describes the benefits, risks, and limitations of your providing a specimen to be used for targeted molecular genetic testing solely so that Sema4 may better interpret test results for your child's test. **Your DNA will not be analyzed by Sema4 unless you confirm that you have read and understood the contents of this form.**

What is this test?

Your sample will undergo a DNA extraction process allowing for the storage of your DNA, should it be needed for testing. Should your child's preliminary Natalis results identify a genetic finding that warrants additional interpretation, you understand that your extracted DNA sample will be used for targeted molecular genetic testing so that Sema4 may better interpret test results for your child. The presence/absence of genetic findings in your DNA may impact the interpretation of your child's test results.

Sema4's Natalis has two components, and tests whether your child is affected with one of the genetic conditions included on our panel and, if ordered, will also test for genes that predict your child's drug response variability to certain medications. A complete list of the genes and corresponding conditions screened for by the screening component of the test may be found in the test information sheet and a complete list of the genes and medications included in the PGx component of this test may also be found on the test website: sema4.com/Natalis/conditions. This test does not screen for any other genetic conditions, and Sema4 will not perform any other analysis on your sample without your consent.

What are the risks of this test?

You understand that genetic testing may reveal sensitive information about your child's health, your own health, or that of your relatives. Test results may reveal incidental, unsought information, such as discovering an undiagnosed disorder, revealing cases of adoption, or demonstrating that a person is not the father or mother of this child.

De-identified research

Sema4 may de-identify and use my data and information to support medical and academic research relating to health, disease prevention, drug development, and other scientific purposes, and I will receive no compensation in connection with such research. Data and information are "de-identified" by removing any information that could be used to identify a specific person, such as a name, email address, or date of birth. Sema4 may also give the de-identified information to its research partners and may submit this de-identified information to research databases for use in scientific and medical research, including scientific databases that are maintained by the federal government, such as a database kept by the National Institutes of Health ("NIH") (an agency of the federal government that funds research). Researchers have to apply to the NIH to see the information in the database.

If I prefer not to have any of my de-identified health information used in research consistent with this consent, I may initial here Initials or request this by contacting Sema4, including by emailing privacy@sema4.com.

Permission to contact

I understand that Sema4 may wish to contact me/my child in the future, including for the following reasons: research purposes, the provision of general information about research findings, and/or the provision of information about the results of tests on my/my child's sample(s). I understand that I may notify Sema4 to opt out of such future contact, including by emailing privacy@sema4.com.



I understand that this testing may yield results that are of unknown clinical significance and that parental or other relative's specimens may also be tested to determine whether a specific finding was inherited. In addition, incidental findings that are not related to the primary diagnosis may be identified in me/my child. An error in the diagnosis may occur if the true biological relationships of the family members involved are not as I have stated and this test may detect non-paternity.

The results of my/my child's test will be explained to me by a genetic counselor or by my physician who will have the opportunity to discuss my results with a geneticist. I have had the opportunity to have all of my questions answered. If I am signing this form on behalf of a minor for whom I am the legal guardian, I am satisfied that I have received enough information to sign on his or her behalf.

I understand that this consent is being obtained in order to protect my right to have all of my questions answered before testing. I understand that the results of this testing will become part of my medical record and may only be disclosed to individuals who have legal access to this record or to individuals who I designate to receive this information.

Name and signature of legal guardian

Date

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