



Informed Consent for Hereditary Cancer Genetic Testing

I, First and Last Name, hereby request genetic testing for

- Myself
- My child First and Last Name.

I have received verbal and written information (please see sema4.com/testcatalog for test-specific information sheet) from my physician or from a genetic counselor that described, in words that I understood, the nature of the genetic testing that I/my child am about to undergo. I understand that no test will be performed on my sample other than the one(s) authorized by me and my healthcare provider. I have reviewed the test order made in connection with this consent, and I hereby give consent to have my specimen tested as set forth in the order.

The nature of the genetic test(s) that have been ordered in connection with this consent have been explained to me and the accuracy of the test and its risks and limitations have been detailed. I understand that specimen(s), such as peripheral blood, saliva, cheek swab, or skin biopsy will be taken from me/my child and sent to Ambry Genetics for testing (except for the Ashkenazi Jewish BRCA Panel test which is performed at Sema4). I understand that the samples will be used for determining if I have /my child has a genetic disease, are carriers of a genetic disease or are more susceptible to develop a genetic disease or medical condition. The results may also suggest that I am affected with condition that is different than, and/or that is in addition to, those considered for the purpose of consenting for this test. I further understand that my or my child's genetic test results may have implications for the rest of the family as genetic changes can be inherited.

I understand that there are several types of genetic test results, including:

- **Positive**, meaning that a mutation that is associated with an increased risk to develop cancer has been identified. The specific type(s) of these risks can vary depending on the gene in which the mutation is found. A positive result may have medical management implications. For certain genes/mutations, the cancer risks are not well established at this time, and more data and specific medical management recommendations related to these genes may evolve over time.
- **Negative**, meaning that no mutations were identified. A negative result reduces, but does not eliminate, the possibility that I carry /my child carries mutations in the genes analyzed or in other genes that are not included in the test. I/my child still have the general population's risk for developing cancer and may also be at a higher risk to develop cancer based on personal/family history.
- **Inconclusive**, meaning that an alteration was identified in the genes tested where there is insufficient information at this time to determine if such alteration is associated with increased cancer risks.

I will discuss any appropriate medical intervention with my healthcare provider before taking any action based on my/my child's results, and I will provide my/my child's genetic test result and personal/family history to my healthcare providers so that they can make an appropriate recommendation.

I understand that although the likelihood of an incorrect diagnosis or a misinterpretation of the result is extremely small, infrequent errors may occur. I understand that this testing may yield results that are of unknown clinical significance and that parental and/or other relative's specimens may also be tested or requested to determine whether a specific finding is 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 in this study are not as I have stated.



There are some federal and state laws that address genetic discrimination. The US Genetic Information Nondiscrimination Act (GINA) may prohibit discrimination by employers and health insurances. This law, however, does not protect people in the military nor possible discrimination by other types of insurance such as life, disability or long-term care.

De-identified research

Sema4 may de-identify and use my/my child's 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. Any information that could directly identify you (such your name or address) will not be provided to a scientific database.

If I prefer not to have any of my/my child's 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.

The results of my/or 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.



Signature of person being tested
(or guardian)



Date

FFP0199GE0121

Revised 01/20/2021