



**Sema4's Natalis has been ordered for my child. This informed consent describes the benefits, risks, and limitations of providing a specimen to be used for targeted molecular genetic testing solely so that Sema4 may better interpret test results for my child's test.**

### **What is this test?**

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

Sema4's Natalis has two components. The first screening tests whether my child is affected or at risk to be affected with one of the genetic conditions included on Natalis. If ordered, the second component will test for genes that predict my 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 at [sema4.com/elements/natalis/conditions/](http://sema4.com/elements/natalis/conditions/).

### **What are the risks of this test?**

I understand that genetic testing may reveal sensitive information about my child's health, my own health, or that of my 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. 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. An error in the diagnosis may occur if the true biological relationships of the family members involved are not as I have described. I understand that this testing might identify me as being a "carrier" of genetic changes which are not expected to cause symptoms of a disease. My status as a carrier may clarify a finding in my child.

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 I designate to receive this information. My test results will be explained to me by a genetic counselor or by my healthcare provider, who will have the opportunity to discuss my results with a geneticist.

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

### **Sample management**

Sema4 may deidentify and retain your left-over sample to use for operational, quality control, validation and improvement purposes. Other than retention for these uses, your sample will be destroyed at the end of the testing process or within 60 days of sample collection, whichever is longer.

### **De-identified research**

Sema4 may de-identify and use all data and information generated and received in connection with this test to support medical and academic research relating to health, disease prevention, drug development, and other scientific purposes. 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 data and information to its research partners and may submit it to research databases for use in scientific and medical research. Examples of such research include projects to understand the risk factors and outcomes for various conditions and can be found at [www.sema4.com/research](http://www.sema4.com/research).



If I do not want to have my de-identified data and information used in research as set forth above, I may withdraw this consent by emailing [privacy@sema4.com](mailto:privacy@sema4.com), and I understand that the change will apply to all data generated from tests that I have undergone with Sema4. I further understand that this withdrawal will not apply to any information that has already been de-identified and cannot be identified by Sema4.

**Permission to contact**

I understand that Sema4 may wish to contact me 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 sample(s). If I wish to opt-out of future contact for research purposes, I will notify Sema4 by emailing [privacy@sema4.com](mailto:privacy@sema4.com).

My questions regarding this testing have been answered to my satisfaction, and I hereby consent to have my specimen tested. I understand that I have the option to speak with a healthcare provider should I have additional questions or want counseling regarding this testing. If my legal representative is signing this consent and authorization, my legal representative is satisfied that they have received enough information to sign on my behalf.

Please complete all required (\*) fields and optional applicable fields below:

Patient Name*	Patient's DOB*	Date*
Signature of Patient or Legal Representative*	Email Address*	Phone Number*
Child's Name and DOB*		

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