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Informed Consent for DNA Testing

I, _____, request DNA-based testing for [circle] MYSELF and/or MY CHILD or CHILDREN for the ***Periodic Fever Syndromes Panel / MEFV, TNFRSF1A, MVK, NLRP3 (CIAS1), ELANE (ELA2), PSTPIP1 and LPIN2 genes*** (name of disease/gene). I understand that biological samples (blood, cheek cells, or skin) will be removed using standard techniques which carry very little risk. I understand that the blood, cheek cells, skin, or fetal samples will be used for the purpose of attempting to determine if I and/or members of my family are carriers of the disease gene, or are affected with, or at increased risk to someday be affected with this genetic disease. The minor children for which I hereby give permission to collect biological samples for this test are named below:

Child's Name	Date of Birth	Gender (M/F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that:

1. In some cases the DNA test directly detects an abnormality, called a mutation, in the gene, and the test is better than 99% accurate. In other cases, the DNA test is unable to identify an abnormality although the abnormality may still exist. This event may be due to our current lack of knowledge of the complete gene structure or an inability of the current technology to identify certain types of changes (mutations) in the gene.

The likelihood of identifying a mutation with this panel in a person with an unspecified periodic fever syndrome is not known. The likelihood of finding a mutation in a person with a clinical diagnosis of a specific periodic fever syndrome is included below:

- ***70-80% of individuals with a clinical diagnosis of familial Mediterranean fever have at least one identifiable MEFV mutation.***
- ***30-50% percent of familial cases and about 10% sporadic cases of familial Hibernian fever (TRAPS) have a detectable TNFRSF1A mutation.***
- ***Greater than 50% of individuals diagnosed with hyper-IgD syndrome have at least one mutation in the MVK gene.***
- ***90% of individuals with familial cold autoinflammatory syndrome (FCAS), ~75% of individuals with Muckle-Wells syndrome and ~50% with CINCA/NOMID have an identifiable mutation in the CIAS1 gene.***
- ***Greater than 44% of individuals with cyclic neutropenia have a mutation in the ELANE gene; this test is not recommended for individuals with severe congenital neutropenia***
- ***Mutations in the PSTPIP1 and LPIN2 genes associated with periodic fever syndromes are rare, so the likelihood of finding a mutation in one of these genes is not well established.***

The testing performed by GeneDx will detect almost all previously reported mutations in the genes listed above. The test is not designed to detect novel mutations in non-coding regions of the gene (deep in introns or in promoter regions). It also will not detect deletions or duplications

involving one or more exons of these genes nor unanticipated novel small insertions or deletions.

I have been informed of the likelihood of finding a mutation in the gene(s) for which I am being tested. _____(Initial)

2. An error in the diagnosis of disease status may occur if the true biological relationships of the family members being tested are not as I have stated. For example, non-paternity means that the stated father of an individual is not the true biological father. This test may detect non-paternity, and it may be necessary to report this finding to the individual who requested testing. Any erroneous diagnosis in a family member can lead to an incorrect diagnosis for other related individuals who are being tested.

3. I understand that the DNA analysis performed by GeneDx is specific for this disease and in no way guarantees my health or the health of my living or unborn children. The accuracy of DNA analysis is entirely dependent on the clinical diagnosis made elsewhere, and GeneDx cannot be responsible for an erroneous clinical diagnosis made elsewhere.

4. These tests are relatively new and are being improved and expanded continuously. The tests are not considered research, but are considered to be the best and newest laboratory service that can be offered. This testing is complex and utilizes specialized materials so that there is always some very small possibility that the test will not work properly or that an error will occur. There is a low error rate (perhaps 1 in 1000 samples) even in the best laboratories. My signature below acknowledges my voluntary participation in this test, but in no way releases the laboratory and staff of GeneDx from their professional and ethical responsibility to me.

5. I understand that my sample is not being banked. GeneDx does not return DNA samples to individuals or physicians. However, in some cases it may be possible for GeneDx to reanalyze the remaining DNA upon request. The request for additional testing must be ordered and there will be an additional fee.

6. Because of the complexity of DNA based testing and the important implications of the test results, results will only be reported to me through a physician, genetic counselor, or certified genetics professional. The result reports are confidential and will only be released to other medical professionals or other parties with my express written consent. All laboratory data is confidential and will not be released from GeneDx. Participation in DNA testing is completely voluntary.

7. I will receive a copy of this consent form.

Signature: _____ Date: _____

Witnessed by: _____

Physician's/Counselor's Statement: I have explained DNA testing to this individual. I have addressed the limitation outlined above, and I have answered this person's questions.

Signature: _____ Date: _____