

## Informed Consent for Genetic Testing

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| Testing for genetic conditions can be complex. If warrarisks and benefits are to having the testing completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | genetic counseling prior to g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | giving consent to fully understand what the                                                                                                                                                                                               |  |
| I hereby consent to participate in testing for I understand that a biologic specimen (blood, tissue, I understand that this biologic specimen will be used disease gene, or are affected with, or at increased risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | amniotic fluid, or chorionion for the purpose of attempt                                                                                                                      | c villi) will be obtained from<br>ting to determine if I and me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |  |
| It has been explained to me and I understand that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |  |
| This test is specific for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |  |
| A positive result is an indication that I may<br>be predisposed to or have the specific<br>disease, or condition. Further testing may<br>be needed to confirm the diagnosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | genetic condition but that the genetic test results will be negative. Due to limitations in technology and incomplete knowledge of genes, some changes in DNA or protein of a |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | There may be a possibility that the laboratory findings will be uninterpretable or of unknown significance. In rare circumstances, findings may be suggestive of a condition different than the diagnosis that was originally considered. |  |
| In many cases, a genetic test directly detects an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | liagnosis in a family member can lead to an                                                                                                                                                                                               |  |
| Molecular testing may detect a change in the DNA ( Cytogenic testing may identify whether there is extra rearranged genetic material. Biochemical methods a used to look at abnormalities in the protein product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tra, missing or<br>s are sometimes<br>ucts that are                                                                                                                           | The tests offered are continue. This testing is off<br>However there is always                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | iagnosis for other related individuals in question.  ffered are considered to be the best available at this testing is often complex and utilizes specialized materials. here is always a small chance an error may occur.                |  |
| produced by the genes. Most tests are highly sensitive and specific. However, sensitivity and specificity are test dependent.  When a direct test is not available, the laboratory may use a method called linkage analysis. Linkage analysis is not as accurate as a direct test, but will report the probability that you or a family member have inherited a disease or disorder. In some families, the markers used in linkage analysis may not be informative. If this is the case, the DNA test cannot provide results for that family, or for some members of that family.  The accuracy of the test depends on correct family history. An error in diagnosis may occur if the true biological relationships of the family members involved in this study are not as I have stated. In addition, testing may inadvertently detect non-paternity. Non-paternity means that the father of an individual is not the person stated to be the father.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | <ul> <li>Because of the complexity of genetic testing and the important implications of the test results, results will be reported only through a physician, genetic counselor, or other identified health care provider. The results are confidential to the extent allowed by law. They will only be released to other medical professionals or other parties with my written consent or as otherwise allowed by law. Participation in genetic testing is completely voluntary.</li> <li>I understand that this is not a specimen banking facility and my sample may not be available for future clinical studies. I understand that my specimen will only be used for the genetic testing as authorized by my consent and that my sample will not be used in any identifiable fashion for research purposes without my consent.</li> <li>Additional testing information can be found at: www.mayomedicallaboratories.com</li> </ul> |                                                                                                                                                                                                                                           |  |
| Patient Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Birth Date (Month DD, YYYY)                                                                                                                                                                                                               |  |
| Patient Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature Date (Month DD, YYYY)                                                                                                                                                                                                           |  |
| Witness Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature Date (Month DD, YYYY)                                                                                                                                                                                                           |  |
| I indicate my desire to opt out of participation in ano. Receipt of this document ensures that my specimen of the property of the company of | will be destroyed upon co                                                                                                                                                     | mpletion of the testing for wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hich it was obtained.                                                                                                                                                                                                                     |  |
| addressed the limitations outlined above, and I have Physician/Counselor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | answered this person's qu                                                                                                                                                     | estions to the best of my ab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ility. Signature Date (Month DD, YYYY)                                                                                                                                                                                                    |  |
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