BAYLOR GENETICS
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CONNECT

GENERAL GENETIC TESTING CONSENT

Patient Last Name	Patient First Name	MI	Date of Birth (MM / DD / YYYY)	Genetic Sex
			/ /	

GENERAL GENETIC TESTING CONSENT

This consent form cannot be used for whole exome sequencing (WES), whole genome sequencing (WGS), biochemical testing, or Huntington disease testing. Consent forms for other tests are located at Baylor Genetics' website (https://www.baylorgenetics.com/consent/).

For the purposes of this consent, "I", "my", "you", and "your" can refer to you, your child, your unborn child, or other individual you are the legal representative of.

TEST INFORMATION

Your healthcare provider (doctor, genetic counselor, or other person with medical training) wants to order one or more tests to find a cause for your health issues. This testing can see if there is a cause for your health issues or if there is an increased chance for a health issue to happen to you or your family. Some of these tests look for changes, called variants, in a person's DNA. DNA is our genetic material. You might have testing for variants in one or more genes, specific parts of DNA that are needed for our health. Variants can also be found in other places in the genome (all of the DNA that a person has). Some tests might look for changes in proteins or analytes that cause health issues. The testing ordered will depend on your health issues as well as what is already known about you and your family's genetics. These tests may also explain health issues that your family may have. Even if this test finds the cause of your health issues, this may not help treat or manage those issues.

Before you sign this consent form, you should speak with your healthcare provider. They can help you understand this testing and what it means for your health.

TEST RESULTS

There are several types of test results that may be reported including:

- **Positive:** A variant in the DNA was found that is related to your health issues or a health issue that you are at an increased risk of having in the future. These changes that cause disease are also known as pathogenic variants.
- **Negative:** No variants in the DNA were found that are related to your health issues or that would increase your risk of a health issue in the future.
- **Variant of Uncertain Clinical Significance (VUS):** A variant in the DNA was found that we do not know its effect, if any, on health. More testing may be needed for you or your family if a VUS is found that may be associated with your health issues.
- **Secondary and Incidental Findings:** Testing can sometimes find a variant in the DNA not related to the reason for testing. If this result is expected to affect your health, it is called a secondary or incidental finding.

CONSIDERATIONS AND LIMITATIONS

- You should speak with your provider before signing this consent form to understand the risks, benefits, and alternatives to testing.
- Testing may show you have, or are at increased chance of having, a health issue. It may show that you have an increased chance of having a child with a health issue.
- Even if the variant(s) causing your health issues are found, how these issues might progress or improve with treatment might not be known. Affected family members with the same variant might not be affected like you are.
- Depending on the results of testing, more testing may be needed to understand these results. This testing might be needed for you and/or other family members.
- A negative result does not rule out the chance for health issues. Our knowledge of variants and how they cause disease may change over time as we learn more about genetics. Testing has limitations to what it can find as well.
- Certain factors may lead to incorrect results. These include mislabeled samples, incorrect information in the test order, and rare technical errors.
- More sample may be needed from you if the first sample is not sufficient to complete testing.

PATIENT CONFIDENTIALITY AND SAMPLE RETENTION

- If several family members are tested, knowing the correct biological relationships among them is important. In rare cases, testing can show that family members are not related as expected. If this is found, we may contact the provider who ordered this testing.
- If this testing is requested to be cancelled after the order and sample are sent to the laboratory, please see our Test Cancellation Policy at www.baylorgenetics.com/cancel-test/.
- Only Baylor Genetics and its contracted partners will have access to the sample(s) for the ordered testing. Results from testing will only be released to: (i) a licensed healthcare provider, (ii) those authorized in writing, (iii) the individual(s) tested or their personal representative, and (iv) those allowed access to test results by law. The individual(s) tested has the right to access their test results from Baylor Genetics by providing a written request. They also have the right to request raw data obtained from their sample by providing a written request or HIPAA Authorization Form.
- In rare cases, people with genetic diseases may have problems with health insurance and employment. The US Federal Government has several laws that prohibit discrimination by health insurance companies and employers based on test results. These laws also prohibit unauthorized disclosure of this information. For more information, please visit www.genome.gov/10002077.
- Samples will be kept in the laboratory based on our retention policy. Once testing is completed, a sample from which direct identifiers have been removed may be used for test development, quality assurance, and training purposes. Samples are not returned to patients or providers unless requested prior to testing. The individual(s) tested and their heirs will not receive payments, benefits, or rights to any resulting products or discoveries.
- Subject to the authorization provided through this form, de-identified information from this testing may be used in scientific research, publications or presentations, but specific identity will not be revealed. We may contact the ordering provider to obtain more clinical information. Baylor Genetics also performs other types of scientific research and may contact the individual(s) tested to see if they would like to be involved.
- Variants found may be submitted to databases. The medical community uses these databases to collect information about how variants might cause disease to improve testing and treatment for patients. An example is ClinVar, a free, public archive of reports on human genetics. Limited clinical information may need to be shared with these databases. In rare cases, this information may be enough to allow the individual(s) tested or their family members to be identified.
- For more information on privacy practices at Baylor Genetics, please visit www.baylorgenetics.com/privacy-practices/.

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USE OF DATA AND SPECIMENS FOR RESEARCH AND COMMERCIAL ACTIVITIES

Baylor Genetics may use specimens collected for this order, test results and related information, for research and commercial purposes only with permission below. These purposes may include improving genetic testing, to increase knowledge of genetic conditions, to develop new technologies or products, inclusion in de-identified clinical databases, and for performing analyses for research or commercial partners.

Baylor Genetics may also share, license, or transfer de-identified test results and associated information, and specimens from which direct identifiers have been removed, to outside groups, such as academic institutions, researchers, or commercial partners for research or commercial activities. These entities are prohibited from attempting to identify the individual(s) tested.

Baylor Genetics has policies and procedures to keep specimens and information confidential. Permission may be withdrawn at any time by contacting compliance@baylorgenetics.com. Withdrawal only applies to uses or activities after we receive the withdrawal. It does not change any use or sharing that happened before Baylor Genetics received the request. Specimens or information that were already shared may not be able to be returned.

This choice is voluntary. Choosing not to give permission will not affect an individual's ability to be tested by Baylor Genetics.

For Oregon patients, please consult the state specific consent form available at www.baylorgenetics.com/forms.

You may select any, all, or none of the following on behalf of all individuals tested in this order:

☐ **I authorize Baylor Genetics to use specimens** from which direct identifiers have been removed and de-identified test results and associated information for research and commercial activities, including performing analyses for research and commercial partners, as described above.

☐ **I authorize Baylor Genetics to share, license, or otherwise transfer specimens** from which direct identifiers have been removed and de-identified test results and associated information with third parties for research or commercial activities, as described above.

FOR SPECIMENS FROM NEW YORK STATE RESIDENTS

Specimens from New York State residents will not be kept after testing is finished or for more than 60 days after collection, unless longer storage is approved below. Only the genetic tests approved in this consent will be performed on the specimen(s).

If the individual(s) tested gives permission to store specimens for future research and later withdraws that permission, Baylor Genetics will promptly destroy any stored specimen that has not already been used for research.

New York patients: Before a stored specimen can be used for research, two permissions are needed: the research permissions above and the New York specimen retention permission below.

☐ I authorize Baylor Genetics to retain specimen(s) longer in accordance with its retention policy for test development, quality assurance, and training purposes on behalf of all individuals tested in this order. If research activities are separately authorized, I also authorize Baylor Genetics to retain the specimen(s) for as long as Baylor Genetics deems useful for research purposes and use the retained specimen(s) for future genetic testing as part of those research activities.

PERMISSION FOR FUTURE CONTACT

You may select any, all, or none of the following on behalf of all individuals tested in this order:

☐ Baylor Genetics may contact the individual(s) tested in this order about future research opportunities or general information about research findings.

☐ Baylor Genetics may contact the individual(s) tested in this order about information from testing of their stored specimen(s) that may benefit them or their family in making preventive or clinical care decisions.

Future contact may provide information or research opportunities that could benefit the individual(s) tested or their family. Potential risks include receiving information the individual(s) may prefer not to receive, and privacy risks associated with future contact.

FINANCIAL AGREEMENT

By signing below, I hereby authorize Baylor Genetics to provide my insurance carrier any information necessary, including test results, for processing my insurance claim. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates. I designate Baylor Genetics as my designated representative for purposes of appealing any denial of benefits by my insurance carrier. I irrevocably assign associated payment to Baylor Genetics, and direct that payment be made directly to Baylor Genetics. Please note, some payers may not cover certain screening tests.

If my health insurer does not cover the test or I do not have health insurance, I have received a good faith estimate of the cost for the genetic testing ordered by my provider and agree to pay for the cost of the genetic testing billed to me by Baylor Genetics based on that good faith estimate. More information is available in Baylor Genetics' No Surprises Act and Good Faith Estimate Notice located at https://www.baylorgenetics.com/no-surprises-act/.

A Medicare Advance Beneficiary Notice (ABN) is required for services Medicare identifies as not medically necessary.

PATIENT AUTHORIZATION

By signing this statement of consent, I acknowledge that I have read, understand, and hereby grant my informed consent for genetic testing. I have received appropriate explanations from my healthcare provider about the planned genetic test(s) and possible results. I have been informed by my healthcare provider about the availability and importance of genetic counseling and have been provided with written information identifying a genetic counselor or medical geneticist who can provide such counseling services. All my questions have been answered, and I have had the necessary time to make an informed decision about the genetic test(s).

I hereby give permission to Baylor Genetics to conduct genetic testing as recommended by my physician*.

Patient Name | Patient's Signature | Date Signed (MM / DD / YYYY)

Patient's Parent / Personal Representative* Name | Patient's Parent / Personal Representative Signature | Date Signed (MM / DD / YYYY)

*If you are signing on behalf of the patient as the parent(s) and/or person with legal authority to act on behalf of the patient or parent, you may be required to provide evidence of your authority.