Ambry Genetics®

# Family Study Participant Consent Form

## TEST PURPOSE

The purpose of the testing being performed is to assist the analysis of you and/or your family member's (proband's) result. The result involves a variant of unknown significance (VUS), which is an alteration(s) with limited and/or conflicting evidence regarding association with disease. Medical management is based on personal and family clinical histories, not VUS carrier status. Unless the variant is reclassified to a clinically actionable alteration, a report will only be generated for the proband, and it may be possible to infer information about a family member's result(s) based on the proband's report. If a family member is unclear about their results from the study, their healthcare provider or genetic counselor can contact the Ambry Family Studies Program for further discussion.

## TEST METHOD

The blood, body fluid, or tissue specimen submitted is required for isolation and purification of DNA and/or RNA for molecular genetic testing. The test will cover the specific test(s) requested on the Ambry Genetics Family Study requisition form.

## AMBRY'S RIGHTS

Ambry reserves the right to 1) refuse testing if one of the conditions in the Patient Consent form is not met, or 2) cancel testing if the proband's result no longer requires further clarification.

## RESEARCH & RECONTACT CONSENT

Ambry Genetics is committed to improving genetic testing for all patients and contributing to scientific research. For more information on research at Ambry Genetics, please visit ambrygen.com/patient-resources. NOTE: If left blank, consent is interpreted as "NO".

☐ I agree to use of my de-identified biospecimen for research to improve genetic testing for all patients and contribute to scientific research.

☐ I am a New York state resident and I give Ambry Genetics permission to store my sample for up to 1 year after testing completion.

☐ In addition to agreeing above, I agree to be contacted by Ambry Genetics regarding research opportunities.

_____ _____

Family Study Participant Signature Date

_____

Family Study Participant Name (please print)

Previously Tested Relative (Proband) as indicated on the Family Studies Requisition

_____

Proband Name (Write "Self" if you are the proband)


15 Argonaut, Aliso Viejo, CA 92656 USA Toll Free +1 866 262 7943 Fax +1 949 900 5501 ambrygen.com

Ambry Genetics

Please Keep This Copy For Your Records

# Family Study Participant Consent Form

## TEST PURPOSE

The purpose of the testing being performed is to assist the analysis of you and/or your family member's (proband's) result. The result involves a variant of unknown significance (VUS), which is an alteration(s) with limited and/or conflicting evidence regarding association with disease. Medical management is based on personal and family clinical histories, not VUS carrier status. Unless the variant is reclassified to a clinically actionable alteration, a report will only be generated for the proband, and it may be possible to infer information about a family member's result(s) based on the proband's report. If a family member is unclear about their results from the study, their healthcare provider or genetic counselor can contact the Ambry Family Studies Program for further discussion.

## TEST METHOD

The blood, body fluid, or tissue specimen submitted is required for isolation and purification of DNA and/or RNA for molecular genetic testing. The test will cover the specific test(s) requested on the Ambry Genetics Family Study requisition form.

## AMBRY'S RIGHTS

Ambry reserves the right to 1) refuse testing if one of the conditions in the Patient Consent form is not met, or 2) cancel testing if the proband's result no longer requires further clarification.

## RESEARCH & RECONTACT CONSENT

Ambry Genetics is committed to improving genetic testing for all patients and contributing to scientific research. For more information on research at Ambry Genetics, please visit ambrygen.com/patient-resources. NOTE: If left blank, consent is interpreted as "NO".

☐ I agree to use of my de-identified biospecimen for research to improve genetic testing for all patients and contribute to scientific research.

☐ I am a New York state resident and I give Ambry Genetics permission to store my sample for up to 1 year after testing completion.

☐ In addition to agreeing above, I agree to be contacted by Ambry Genetics regarding research opportunities.

_____ _____

Family Study Participant Signature Date

_____

Family Study Participant Name (please print)

Previously Tested Relative (Proband) as indicated on the Family Studies Requisition

_____

Proband Name (Write "Self" if you are the proband)