

- PURPOSE:** I understand that my healthcare provider has ordered one or more tests offered by Invitae Corporation (“Invitae”) to determine if I am a carrier for one or more genetic disorders. A carrier has a change in a specific gene or genes that increases his or her chance of having a child with a genetic disorder or birth defect. The test(s) ordered may include any one or more of the comprehensive list of tests that can be found at [www.invitae.com](http://www.invitae.com). No testing apart from that which is ordered will be performed. Additional testing requires my additional, express consent.
- METHODS:** Testing is performed on a small sample of blood, saliva, or isolated DNA. Once collected, the sample will be sent to Invitae for testing.
- RESULTS:** I understand that if the test results are **positive**, I may be a carrier of the disorder tested. I may also learn that I have an undiagnosed disorder, that I carry pathogenic variants in multiple genes, or that I am at increased risk for a different disorder caused by pathogenic variants in one of the genes tested. Invitae does not report all DNA changes that could be disease causing. If test results are **negative**, my risk to be a carrier of, or to have the disorder tested, is reduced but not eliminated.
- RISKS AND LIMITATIONS:** My healthcare provider has explained the effectiveness and limitations of the test(s), and I understand that the test results may not provide definitive conclusions regarding reproductive risk. While this testing is highly accurate, rare testing errors may occur. Further testing may be warranted for myself or my partner and this additional testing may or may not be covered by insurance. Accurate results may not be obtained for reasons including but not limited to sample mix-up, bone marrow transplant, recent blood transfusion, or technical problems. Sometimes for technical reasons, results cannot be generated. Additional samples may be needed if results are not generated.
- TESTING OF ADDITIONAL FAMILY MEMBERS** may be requested, which could discover previously unknown information about family relationships, such as nonpaternity (someone who is not the biological father), or adoption. I have discussed with my healthcare provider if and/or how such results will be shared with me.
- DISCLOSURE OF TEST RESULTS:** Invitae’s clinical reports are released only to the certified healthcare professional(s) listed on the test requisition form. Clinical reports are confidential and will only be released to other medical professionals with my explicit written consent. It has been explained to me that my clinical report is available for me to download at the Invitae website ([www.invitae.com](http://www.invitae.com)) after it has been released by my healthcare professional(s) or upon request in accordance with applicable law.
- NONDISCRIMINATION:** There are state and federal laws that prohibit discrimination against individuals for the purpose of employment or obtaining health insurance and that prohibit insurers and employers from seeking an individual’s genetic information without consent. In accordance with such laws, Invitae will not disclose or interpret my genetic information for use by employers or insurers. However, it is my responsibility to consider the possible impact of my test results as they relate to insurance rates, obtaining disability or life insurance, and employment. The Genetic Information Nondiscrimination Act (GINA), a US Federal law, provides some protections against genetic discrimination. For more information on GINA visit [www.genome.gov/10002328](http://www.genome.gov/10002328).
- GENETIC COUNSELING:** I understand that Invitae recommends that I consult with a genetic counselor before consenting to this test and a genetic counselor or my healthcare provider about my results. For a list of medical geneticists and counselors who may be available in my area, I may visit the National Society of Genetic Counselors website at [www.nsgc.org](http://www.nsgc.org).
- PRIVACY:** I understand that my data and personal information will be stored and protected in compliance with applicable regulatory requirements (e.g., HIPAA and equivalent protections), and I acknowledge that I have read and understand Invitae’s [Privacy Policy](#) and [Notice of Privacy Practices](#).

10. **RECONTACT:** I understand that our knowledge of genetic information will improve over time, and new information may become available in the future that could impact the interpretation of my results, and that Invitae may notify me of clinical updates related to my genetic profile (in consultation with my primary clinician as indicated). I may request additional notifications and resources relevant to my genetic profile by creating an account at [www.invitae.com/patients](http://www.invitae.com/patients).
11. **NEW YORK RESIDENTS:** My (or my child's) sample shall be destroyed no more than 60 days after the sample was taken or at the end of the testing process, whichever occurs later, unless I agree otherwise by logging in to the Invitae patient portal ([www.invitae.com/patients/signin](http://www.invitae.com/patients/signin)) and navigating to Account Settings > Preferences. Samples will not be used for research or quality control purposes without my expressed written consent which can be provided by logging in to the Invitae patient portal ([www.invitae.com/patients/signin](http://www.invitae.com/patients/signin)) and navigating to Account Settings > Preferences.
12. I understand that my consent to testing is voluntary, and I may choose not to have my sample tested.
13. I have a right to receive a copy of this form.

**BY SIGNING BELOW, I ATTEST TO THE FOLLOWING:**

1. I have read (or had read to me), and that I understand, the information provided in this consent;
2. I have all the information I want, and all my questions have been satisfactorily answered; and
3. I hereby consent to carrier genetic testing.

Patient signature	Date
Patient name (please print)	Email address

**HEALTHCARE PROVIDER STATEMENT**

By signing below, I attest that:

1. I am the referring physician or authorized healthcare professional;
2. I have explained the purpose of test described above;
3. The patient has had the opportunity to ask questions regarding this test and/or seek genetic counseling; and
4. The patient has voluntarily decided to have this test performed by Invitae.

Healthcare provider signature	Date
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