

PATIENT CONSENT FOR PROACTIVE TESTING

I, _____, request and permit Invitae to analyze the genes indicated on the test requisition form in my sample.

I UNDERSTAND THAT:

1. More information about the Invitae Proactive tests is available from my healthcare provider.
2. The results of this DNA test could be:
 - a. Positive, and may:
 - i. alert me to a predisposition or an increased risk for developing a genetic disease in the future.
 - ii. have implications for risk of disease in other family members.
 - b. Negative, and may:
 - i. indicate disease risks close to that of the general population but do not eliminate the risk for developing a genetic disease in the future.
3. Molecular genetic tests may or may not provide actionable information or have an implication for my medical management.
4. Some types of DNA changes that could cause a specific genetic disorder may not be detected by this test. As with most molecular genetic tests, Invitae's test has technical limitations that may prevent detection of certain changes due to poor DNA quality, inherent DNA sequence properties, or other types of limitations.
5. There may be possible sources of error including, but not limited to, trace contamination, rare technical errors in the laboratory, rare DNA variants that compromise data analysis, inconsistent scientific classification systems, and inaccurate reporting of family relationships or clinical diagnosis information.
6. Invitae will only interpret the parts of the DNA sequence of the genes indicated on the requisition form by my physician.
7. Invitae's clinical reports are released only to me and 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 view or download at the Invitae website (www.invitae.com) after it has been released by my healthcare professional(s). Alternatively, my clinical report can be made immediately available upon completion of the test with the prior approval of my healthcare professional, as indicated on the test requisition form.
8. It is my responsibility to consider the possible impact of my test results as they relate to insurance rates, obtaining disability or life insurance, implications for family members, and employment.
9. The Invitae Proactive tests are screening genetic tests. This means that DNA variants that provide medically relevant information for me or have implications for my medical management will be reported by this test. I may also receive a result that indicates that I carry a genetic change that does not increase my own risk of developing a specific medical condition, but that may be passed within my family (also known as carrier status).
10. I will be offered genetic counseling with a geneticist, genetic counselor or other qualified healthcare provider who can answer questions, provide information and advice about alternatives before and after having this test. Further testing or additional physician consults may be warranted.
11. Invitae may store my DNA sample indefinitely except as prohibited by law. Samples may be de-identified and retained for the purpose of internal assay improvement, validation and research. Unused blood samples will be destroyed.
 - I consent to my blood sample being saved for future research activities described in this consent form. If I do not consent to opt in, it will not affect the genetic testing services being conducted as it is requested.
12. My data and personal information will be stored and protected in strict confidence complying with regulatory requirements (e.g. HIPAA and equivalent protections), and acknowledge that I have read and understand [Invitae's Privacy Policy](#) and [Notice of Privacy Practices](#). My individually identifiable health information (i.e., "Protected Health Information" under HIPAA) will NOT be used in FOR PROFIT research without my additional, explicit consent.
13. Because the understanding of genetic information will improve over time, Invitae may notify me of clinical updates related to my genetic profile (in consultation with my primary clinician as indicated).
 - I consent to being contacted by Invitae for clinical updates and research studies (If I do not consent to opt in, it will not affect the services being provided as requested).
14. My sample will be sent for testing to Invitae's laboratory located in the United States, and that my data and personal information, including my test results, will be stored in the United States.
15. I have the right to receive a copy of this consent form.

BY SIGNING BELOW, I ATTEST TO THE FOLLOWING:

1. I have been informed of the likelihood of finding a change in the genes for which I am being tested and have received test-specific clinical information.
2. I have read and understand the information provided on this form and have had an opportunity to have any questions answered by my healthcare provider.

Patient signature	Date
Print name of patient	Email address

HEALTHCARE PROVIDER STATEMENT: By signing below, the clinician acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing. For amounts received directly, the Patient agrees to remit payment to Invitae for testing services rendered. For allied health professionals: In addition to the above, I attest that I'm licensed, certified, and authorized, in the manner authorized by my employer and under applicable licensing laws to order a genetic test for the Patient.

Healthcare provider signature	Date
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