



INFORMED CONSENT FOR GENETIC TESTING

I _____ (insert name) understand that by submitting my or my child's cheek swab specimen ("Specimen") to Pharmazam, LLC ("Pharmazam"), I request, authorize, and consent to: a Pharmazam's physician ordering a pharmacogenetics test ("PGx Test") on the Specimen, Pharmazam's authorized laboratory performing a PGx Test on the Specimen, such laboratory's providing the results of the PGx Test to Pharmazam ("Results"), Pharmazam's receipt of the Results and inputting the results into its proprietary software to provide me with the Report. I also understand that by submitting my or my child's Specimen that I have read and agreed to Pharmazam's Terms of Use <https://pharmazam.com/assets/downloads/Terms-of-Use.pdf> and Privacy Policy <https://pharmazam.com/assets/downloads/Privacy-Policy.pdf>.

General Information Genetic Testing.

Genes determine my characteristics, such as eye color and hair color that I inherited from my parents. Some of these genes affects how my body processes certain medications. Genetic testing such as PGx Testing performed on the Specimen that I submit, examines my genes, to provide greater insight into whether: a medication may be an effective treatment for me, the best dose of a medication for me, and whether I could have serious side effects from a certain medication. This information is not intended to be used as the sole means for determining which medication is best for me, nor do the results include all medications in the marketplace, but when presented to my healthcare provider, along with other factors such as my age, lifestyle, other medications I am taking, and my overall health, may be used by my healthcare provider to assist in making the decision as to the best medication for me.

The purpose of the PGx Testing is to obtain information on predicted drug response to medications based on my genetic makeup. Additional information about the specific test being ordered is available at www.pharmazam.com.

What are the Genetic Testing Risks and Limitations?

While genetic testing is highly accurate, there is the possibility of receiving inaccurate results which are attributable to a variety of factors. These factors include: mislabeled Specimens, inaccurate reporting of clinical/medical information, technical error, or your unusual medical history such as bone marrow transplant. In limited instances, we may need an additional Specimen if the initial Specimen is not adequate.

The test performed on your Specimen does not guarantee my health or the health of my child, and it is not designed to detect long-term medical risks that either I or my child might experience.

Genetic Counseling and Confidentiality

It is recommended that I consult with a physician, pharmacist, genetic counselor, and/or health care profession before and after having this test. The Results will only be released: to Pharmazam, the ordering laboratory, or upon my request to me, to persons upon my direction, to my healthcare providers upon my direction, or as required by law. The Report will only be released to: Pharmazam, to me, to persons upon my direction, to my healthcare providers upon my direction, or as required by law.

It is my responsibility to consider the possible impact of my test results as these relate to insurance rates, obtaining disability or life insurance and employment. The Genetic Information Nondiscrimination Act



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(GINA), a federal law, provides some protections against genetic discrimination. For information on GINA visit <http://www.genome.gov/10002328>.

Specimens or test results may be de-identified and retained for the purpose of internal improvement, validation, research and other purposes. Further information as to the de-identification and use of such information is contained within our Terms of Use <https://pharmazam.com/assets/downloads/Terms-of-Use.pdf> and Privacy Policy <https://pharmazam.com/assets/downloads/Privacy-Policy.pdf> that I have reviewed and agreed to prior to signing this authorization and consent.

FOR TEST ORDERS ORIGINATING IN NEW YORK: Biological sample(s) used to perform this test will be destroyed at the end of the testing process or within 60 days of sample receipt. No tests other than those authorized by the test order will be performed by Pharmazam without my prior consent.

I have understand the risks and benefits of this test. By signing this form, I authorize the use of my Specimen to obtain results for tests indicated above. Furthermore, I authorize Pharmazam, to retain, preserve, and use any data resulting from this test, for scientific, teaching, or other purposes, provided that the information is in an anonymous and de-identified format. I will contact Pharmazam at 888.972.9331 / <https://pharmazam.com/Contact/Inquiry>) if I want to opt out of permitting Pharmazam to use my test results as described above or in its Privacy Policy <https://pharmazam.com/assets/downloads/Privacy-Policy.pdf>.

Signature of User/Child's Parent or
Guardian

Name of User
/Child's Parent or
Guardian

Name of Child
(if applicable)

Date