NY INFORMED CONSENT – MEDICAL EXOME SEQUENCING

Medical EmExome Sequencing Informed Consent Document

I, (name), ___________________________ voluntarily request EGL Genetics to perform exome sequencing (Medical EmExome) in myself/my child (child's name) ___________________________________________.

Given the complexity of the exome analysis, genetic counseling and informed consent by a trained medical geneticist, genetic counselor, or other medical professional is required prior to and after undergoing this testing. Informed consent is a process that provides education about genetics, and the options, benefits, limitations, and consequences of genetic testing. Genetic counseling provides the patient with informed consent prior to the decision to undergo testing and with the opportunity to review the results of the test in detail.

What is the Medical EmExome?

• The Medical EmExome is EGL Genetics' whole exome sequencing (WES) test. This test only targets the region of the genome that contains the exons of the genes, called the exome. The exome is estimated to comprise approximately 1-2% of the genome, yet contains approximately 85% of disease-causing pathogenic variants.
• This test is different from other genetic tests as it involves sequencing of thousands of genes at the same time rather than sequencing only one or a few genes.
• This test may detect variants in known disease-associated genes or variants in genes that have not yet been associated with disease. Only variants in genes associated with disease will be reported.
• This test is indicated for individuals with a complex or ambiguous phenotype or for individuals with clinical features of a genetic disorder for whom previous testing has been non-diagnostic. Based on published studies, WES is expected to provide a diagnosis in 20-30% of the cases for rare and ultra-rare disorders.

Why are parental samples recommended?

• WES or targeted testing for parents or others relatives, depending on family history and availability of individuals, improves our ability to interpret your results. EGL Genetics, in consultation with your ordering physician, can recommend which other family members should be tested to improve diagnostic yield.

How is the Medical EmExome performed?

• This test requires a whole blood (2-3 cc for infants, 3-5 cc for children, or 5-10 cc for adults) from which DNA will be extracted. A blood draw can have risks associated with it, such as bruising and bleeding. WES is performed using next generation sequencing (NGS) technology. Using an internally developed filtering algorithm, a list of variants identified from the sequencing is generated and analyzed to identify the variants that might explain the patient's phenotype. Additional samples may be needed if the sample is inaccurately or incorrectly labeled, damaged in shipment or inaccurately submitted.

Limitations of WES by NGS

• A fraction of the exome, estimated to be about <2.5% of sequence of interest, will not have sufficient coverage to accurately determine if a pathogenic variant is present. Therefore, pathogenic variants in these regions will not be detected by this analysis.
• NGS cannot accurately sequence repetitive regions, such as trinucleotide repeats. This means that NGS cannot provide data on regions such as the fragile X syndrome repeat region, the Huntington disease repeat region, the myotonic dystrophy repeat region, or other similar regions.
• Results from WES may indicate that additional testing, such as full gene sequencing to fill-in exons with poor coverage or deletion/duplication analysis, is recommended.
• Possible diagnostic errors include sample mix-ups, genotyping errors, rare genetic variants that interfere with analysis, and other sources. These analyses may not detect pathogenic variants in the promoter or other regulatory regions.
• Copy number variation (CNV) is not evaluated in the Medical EmExome Sequencing tests. Analysis of CNVs is available by ordering the Medical EmExome Array.
• The accuracy of genetic testing is limited by the methods employed, the clinical diagnosis, and the nature of the specific condition for which testing is requested. In some cases, the test will detect an abnormality, called a pathogenic variant (or mutation) in the gene. In other cases the test is unable to identify an abnormality although an abnormality may still exist. This event may be due to the current lack of knowledge of the complete gene structure or an inability of the current technology to identify certain types of changes (pathogenic variants) in a gene. These tests are currently available for clinical laboratory testing; however, improvements will be made as scientific knowledge advances. As with any complex genetic test, there is always a small possibility of a failure or error in sample analysis. Extensive measures are taken to try to avoid these errors. The methods are not 100% accurate due to the possibility of rare genetic variations in the DNA of an individual or due to the complexity of the testing itself. A low error rate, approximately 1 in 1000 samples, is generally estimated to exist in a laboratory.
• It is the responsibility of the referring physician or health care provider to understand the specific use and limitations of the testing ordered, and to educate the patient regarding these limitations. Additional information describing indications, methodology and detection can be found on the EGL website at: https://www.egl-eurofins.com/

Potential risks associated with Medical EmExome Sequencing:

• Secondary findings - Pathogenic variants in genes that cause conditions for which the patient currently has no features may be discovered (such as cancer, neuromuscular or adult onset disorders such as Alzheimer's disease). For some conditions (adult onset) the option of knowing if pathogenic variants are present is given.
• Uncertainty - We may not be able to tell you with certainty whether the variant(s) we find are directly related to the patient's phenotype. The interpretation of WES will evolve over time as we learn more about normal and abnormal human variation.
• Anxiety - Patients and family members may experience anxiety before, during, and/or after testing.
• Accurate interpretation of test results is dependent upon the patient's clinical diagnosis or family medical history and upon reported family relationships being true biological relationships. An erroneous clinical diagnosis in the patient or family member can lead to an incorrect interpretation in the laboratory result. Genetic testing in family members can sometimes reveal that true biological relationships are not consistent with the reported biological relationships. For example, results may be consistent with non-paternity, which means that the stated or assumed father of an individual is not the true biological father.

What will be reported?

• Any variants in genes that are considered to be related to phenotype will be reported. Phenotype-related findings have the following outcome:
  a. Pathogenic variant detected: A pathogenic variant (disease-causing) could be identified in one or more of gene, and the patient is identified as being affected with that particular disorder.
  b. No pathogenic variant detected: No pathogenic variant is identified. A genetic etiology for this patient's phenotype was not identified.
  c. Variant of unknown significance detected: Variants of unknown significance, those variants not clearly pathogenic or benign, that may or may not be related to the patient's phenotype could be identified.
  d. Inconclusive: Due to technical issues the results were inconclusive. In some cases technical issues may lead to a recommendation to perform a different test or to test family members.
• Upon request EGL Genetics will report only pathogenic or likely pathogenic variants in adult-onset medically actionable (only in adults) conditions, carrier status for recessive conditions and a specific set of pharmacogenetic variants.
• Upon request, EGL Genetics will tell you what regions of the exome were not able to be analyzed and a list of low coverage exons can be provided.
• Please note that adult-onset conditions that are not currently medically-actionable will NOT be reported in individuals younger than 18 years of age. These can be requested at a later date.

LabPRE_579.1f NY Exome Consent Form | Page 1/5
NY INFORMED CONSENT – MEDICAL EXOME SEQUENCING

Mandatory Disclosures (for both minors and adult patients): These are variants that will be reported in all patients.

1. Diagnostic findings related to phenotype - pathogenic variant(s), likely pathogenic variant(s), and variant(s) of uncertain significance in genes interpreted to be responsible for, or contributing to the patient's phenotype will be reported.

2. Diagnostic findings not related to phenotype in childhood onset conditions - pathogenic variant(s) and likely pathogenic variant(s) in genes that are known to cause childhood onset conditions, even if they are unrelated to the patient's phenotype, will be reported.

Optional Disclosures: Individuals can choose to receive findings in regions other than those related to phenotype. If individuals do not want these additional findings to be reported they can opt not to receive these below.

For All Patients (minors and adults (three options))

1. Carrier Status for Autosomal Recessive Conditions (ex. cystic fibrosis):
   A recessive condition is one in which two pathogenic variants in the same gene are required in order to show symptoms of the disease (one variant is inherited from each parent). Someone who has only one pathogenic variant does not show symptoms and is called a carrier. However, if we find a pathogenic variant in a recessive gene that is related to the patient's phenotype, we will report it as a diagnostic finding. Further testing may be necessary to look for a second pathogenic variant in that gene not identified by WES.

2. Pharmacogenetic Variants:
   Pharmacogenetic variants are changes in the DNA that do not cause a disease but may be related to how your body processes certain medications, such as chemotherapy drugs, antipsychotics, antidepressants, anticoagulants, and others. These variants may not be important to you if you are not taking the medications involved, but may tell you how well the medications will work or if you will have side effects if you do take the medications.

3. Diagnostic Findings Not Related to Phenotype in Adult-onset Medically Actionable Disorders:
   Medically actionable conditions are those for which there is currently recommended treatment or preventative actions that can be taken to reduce the risk of developing the disease. An example would be hereditary cancer syndromes such as Lynch syndrome. Pathogenic variants in medically actionable conditions will only be reported if requested.

   a. YES, report information regarding carrier status.
   b. NO, please DO NOT report information regarding carrier status.

   c. Pharmacogenetic Variants:
   Pharmacogenetic variants are changes in the DNA that do not cause a disease but may be related to how your body processes certain medications, such as chemotherapy drugs, antipsycreptics, antidepressants, anticoagulants, and others. These variants may not be important to you if you are not taking the medications involved, but may tell you how well the medications will work or if you will have side effects if you do take the medications.

   d. YES, report information regarding pharmacogenetic variants.
   e. NO, please DO NOT report information regarding pharmacogenetic variants.

FOR ADULTS ONLY (18 Years or Older) (one option)

1. Diagnostic Findings Not Related to Phenotype in Adult-onset Not Currently Medically Actionable Disorders:
   Conditions that are not currently medically actionable do not have recommended treatment or preventative measures. An example would be Alzheimer's disease.

   a. YES, report information regarding adult-onset not currently actionable conditions.
   b. NO, DO NOT report information regarding adult-onset not currently actionable conditions.

PLEASE NOTE
The Medical EmExome is not designed to be a comprehensive test to identify carrier status or findings in adult-onset conditions. We are unable to guarantee that all conditions for which the individual is a carrier for or adult conditions for which the individual has a pathogenic variant will be determined by this test. Additional testing for health or reproductive purposes should be discussed with your doctor or genetic counselor. Also, variants of unknown significance will not be reported when they fall under these categories.

Samples received from the State of New York for genetic testing will not be stored indefinitely or used for research purposes unless otherwise specified. Extracted DNA for NY samples and other clients with opt out policies will be discarded according to laboratory policy. Please contact EGL Genetics for details.

I can request that remaining DNA on the proband be retained and used for research purposes by initialing here:
   a. E. GL is not a DNA banking facility and does not guarantee the future availability of isolated DNA. Requests for additional studies must be ordered by the referring provider, and charges will be incurred. Once the test is complete, identifying information may be removed as permitted by the Health Insurance Portability and Accountability Act ("HIPAA"). Remaining DNA samples may also be used for EGL’s laboratory/internal purposes as permitted by HIPAA; these samples will not be available for future clinical studies.
   b. Scientific knowledge is continuing to advance in this area. I request and authorize EGL to notify the ordering provider if there is a research study or clinical trial studying the abovementioned condition or a drug, treatment or device which might assist in the patient's care. I understand EGL may receive remuneration for those activities. The ordering provider will discuss the information that he/she receives with me, and it is my voluntary decision whether to participate. My decision will not affect the testing or results in any way.

The risks, benefits, and limitation of Medical EmExome testing have been explained to me and I have had a chance to have my questions answered. I have read and will receive a copy of this consent form. My signature below acknowledges my voluntary participation in this test and I state that I have been appropriately counseled about the testing process and the different possible outcomes.

I understand and authorize the following:

- Pathogenic variants in conditions that are not currently medically actionable (do not have recommended treatment or preventative measures) will be reported. Any pathogenic variants identified by WES.
- Pathogenic variants in conditions that are not currently medically actionable (do not have recommended treatment or preventative measures) will be reported. If we find a pathogenic variant in a recessive gene that is related to the patient's phenotype, we will report it as a diagnostic finding. Further testing may be necessary to look for a second pathogenic variant in that gene not identified by WES.
- Pharmacogenetic variants are changes in the DNA that do not cause a disease but may be related to how your body processes certain medications, such as chemotherapy drugs, antipsycreptics, antidepressants, anticoagulants, and others. These variants may not be important to you if you are not taking the medications involved, but may tell you how well the medications will work or if you will have side effects if you do take the medications.
NY INFORMED CONSENT – MEDICAL EXOME SEQUENCING

Medical EmExome Sequencing FOR PARENTS OF EXOME TRIOS ONLY
If any findings are identified in the requested optional disclosure categories in the proband, parental status for these specific findings can be released for parents undergoing the EmExome as part of our Trios option. No separate report will be issued for the parents.

PLEASE NOTE: The parental exome data is not analyzed for secondary findings and parents can carry other variants that are not inherited by the proband which will not therefore be reported. Additional testing for health purposes should be discussed with your doctor or genetic counselor.

If information about the parental status is desired, please initial next to the appropriate response and sign your name below.

Carrier Status

- YES, please report information regarding carrier status. ___________Mother's Initials_________Father's Initials
- NO, please DO NOT report information regarding carrier status. ___________Mother's Initials_________Father's Initials

Pharmacogenetic Variants

- YES, report information regarding pharmacogenetic variants. ___________Mother's Initials_________Father's Initials
- NO, please DO NOT report information regarding pharmacogenetic variants. ___________Mother's Initials_________Father's Initials

Adult-onset Medically Actionable Disorders

- YES, report information on adult-onset medically actionable disorders. ___________Mother's Initials_________Father's Initials
- NO, please DO NOT report information on adult-onset medically actionable disorders. ___________Mother's Initials_________Father's Initials

Adult-onset Not Medically Actionable Disorders

- YES, report information on adult-onset not medically actionable disorders. ___________Mother's Initials_________Father's Initials
- NO, please DO NOT report information on adult-onset not medically actionable disorders. ___________Mother's Initials_________Father's Initials

Samples received from the State of New York for genetic testing will not be stored indefinitely or used for research purposes unless otherwise specified. Extracted DNA for NY samples and other clients with opt out policies will be discarded according to laboratory policy. Please contact EGL Genetics for details.

I can request that remaining DNA on the be retained and used for research purposes by initializing here: ___________Mother's Initials_________Father's Initials

a. EGL is not a DNA banking facility and does not guarantee the future availability of isolated DNA. Requests for additional studies must be ordered by the referring provider, and charges will be incurred. Once the test is complete, identifying information may be removed as permitted by the Health Insurance Portability and Accountability Act (“HIPAA”). Remaining DNA samples may also be used for EGL’s laboratory/internal purposes as permitted by HIPAA; these samples will not be available for future clinical studies.

b. Scientific knowledge is continuing to advance in this area. I request and authorize EGL to notify the ordering provider if there is a research study or clinical trial studying the abovementioned condition or a drug, treatment or device which might assist in the patient’s care. I understand EGL may receive remuneration for those activities. The ordering provider will discuss the information that he/she receives with me, and it is my voluntary decision whether to participate. My decision will not affect the testing or results in any way.

The risks, benefits, and limitation of Medical EmExome testing have been explained to me and I have had a chance to have my questions answered. I have read and will receive a copy of this consent form. My signature below acknowledges my voluntary participation in this test and I state that I have been appropriately counseled about the testing process and the different possible outcomes.

Mother's Signature Date Father's Signature Date

The risks, benefits, and limitation of EmExome testing have been explained to me and I have had a chance to have my questions answered. I have read and will receive a copy of this consent form.

Patient Signature Date Parent/Guardian Signature Date

Physician/Counselor/Clinician Statement: I have provided genetic counseling and have explained the EmExome test to the patient/parent/guardian. The consent form and limitations of genetic testing were reviewed with the patient/guardian. I accept responsibility for pre- and post-test genetic counseling.

Note to Ordering Clinician: EGL Genetics encourages the discussion of the limitations and utility of a genetic test with the patient prior to specimen collection. This form is provided to address pertinent issues regarding the EmExome test. Specific information describing indications, methodology and detection can be found on the EGL Genetics website at: http://eglgenetics.com

Clinician Signature Date
Medical EmExome Array Informed Consent Document: Complete this consent form if ordering the EmExome Array ONLY

I, (name), voluntarily request EGL Genetics to perform the exome array (Medical EmExome Array) in myself/my child (child's name). Given the complexity of exome array analysis, genetic counseling and informed consent by a trained medical geneticist or genetic counselor is required prior to and after undergoing this testing. Informed consent is a process that provides education about genetics, and the options, benefits, limitations, and consequences of genetic testing. Genetic counseling provides the patient with informed consent prior to the decision to undergo testing and with the opportunity to review the results of the test in detail.

What is the Medical EmExome Array?

- The Medical EmExome Array is EGL Genetics’ whole exome targeted deletion/duplication analysis. This test is designed to identify deletions and duplications within the exons of disease-associated genes, which cannot be identified by exome sequencing.
- This test has a higher resolution than cytogenetic oligonucleotide or SNP arrays, sometimes called chromosomal microarrays (CMA). The Medical EmExome Array has additional probes, plus the backbone probes present on the cytogenetic oligonucleotide array, to identify intragenic exon deletions and duplications.
- This test is indicated for individuals who have previously had a negative or non-diagnostic exome sequencing test. This array complements the Medical EmExome, EGL Genetics’ whole exome sequencing test. It can also be ordered for individuals who have had exome sequencing through other labs.

How is the Medical EmExome Array performed?

- EGL Genetics requires a whole blood (2-3 cc for infants, 3-5 cc for children, or 5-10 cc for adults) from which DNA will be extracted. Blood draw can have risks associated with it, such as bruising and bleeding. DNA isolated from peripheral blood is hybridized to a gene-targeted oligonucleotide array to detect deletions and duplications. The targeted microarray has overlapping probes that cover the entire genomic region. Additional samples may be needed if the sample is inaccurately or incorrectly labeled, damaged in shipment or inaccurately submitted.

Limitations

- Deletions or duplications in exons with a low number of probes might not be detected.
- Results from the array may indicate that additional testing, such as parental testing is recommended.
- Possible diagnostic errors include sample mix-ups, genotyping errors, rare genetic variants that interfere with analysis, and other sources. These analyses may not detect pathogenic variants in the promoter or other regulatory regions.
- The accuracy of genetic testing is limited by the methods employed, the clinical diagnosis, and the nature of the specific condition for which testing is requested. In some cases, the test will detect an abnormality, specifically a deletion or duplication, in the gene. In other cases the test is unable to identify an abnormality even though abnormality may still exist. This event may be due to the current lack of knowledge of the complete gene structure or an inability of the current technology to identify certain types of deletions or duplications in a gene. These tests are currently available for clinical laboratory testing; however, improvements will be made as scientific knowledge advances. As with any complex genetic test, there is always a small possibility of a failure or error in sample analysis. Extensive measures are taken to try to avoid these errors. The methods are not 100% accurate due to the possibility of rare genetic variations in the DNA of an individual or due to the complexity of the testing itself. A low error rate, approximately 1 in 1000 samples, is generally estimated to exist in a laboratory.
- It is the responsibility of the referring physician or health care provider to understand the specific use and limitations of the testing ordered, and to educate the patient regarding these limitations. Additional information describing indications, methodology and detection can be found on the EGL website at: https://www.egl-eurofins.com/

Potential risks associated with Medical EmExome Array:

- Pathogenic variants in genes that lead to conditions for which the patient currently has no features may be discovered (such as cancer, neuromuscular and adult onset disorders such as Alzheimer's disease). For some adult-onset conditions, you may choose whether or not you would like to know about pathogenic variants.
- Uncertainty - We may not be able to tell you with certainty whether the variant(s) we find are directly related to the patient's phenotype. The interpretation of the variants will evolve over time as we learn more about normal and abnormal human variation.
- Anxiety - Patients and family members may experience anxiety before, during, and/or after testing.
- Accurate interpretation of test results is dependent upon the patient’s clinical diagnosis or family medical history and upon reported family relationships being true biological relationships. An erroneous clinical diagnosis in the patient or family member can lead to an incorrect interpretation in the laboratory result. Genetic testing in family members can sometimes reveal that true biological relationships are not consistent with the reported biological relationships. For example, non-paternity may be detected, which means that the stated or assumed father of an individual is not the true biological father.

What will be reported?

- Any variants in genes that are considered to be related to phenotype will be reported. Phenotype-related findings have the following outcome:
  a. Positive: A pathogenic variant (disease-causing) could be identified in one or more of gene, and the person is identified as being affected with that particular disorder.
  b. Negative: No pathogenic variant is identified. A genetic etiology for this person’s phenotype was not identified.
  c. Variant of unknown significance: Variants of unknown significance, those variants not clearly pathogenic or benign, that may or may not be related to the patient’s phenotype could be identified.
  d. Inconclusive: Due to technical issues the results could be inconclusive. In some cases technical issues may lead to a recommendation to perform a different test or to test family members.
- Upon request EGL Genetics will report only pathogenic or likely pathogenic variants in adult-onset medically actionable or non-actionable (only in adults) conditions and carrier status for recessive conditions.
- Please note that adult-onset conditions that are not currently medically actionable will NOT be reported in individuals younger than 18 years of age. These may be requested at a later date.

Mandatory Disclosures (for both minors and adult patients):

These are variants that will be reported in all patients.

1. Diagnostic findings in genes of interest: All variants (pathogenic and variant of uncertain significance) in genes of interest will be reported.
2. Off-target findings: Pathogenic variants that are outside the genes of interest but explain the patient's phenotype.
1. Carrier Status for Autosomal Recessive Conditions (ex. cystic fibrosis):
A recessive condition is one in which two pathogenic variants in the same gene are required in order to show symptoms of the disease (one variant is inherited from each parent). Someone who has only one pathogenic variant does not show symptoms and is called a carrier.
However, if we find a pathogenic variant in a recessive gene that is related to the patient's phenotype, we will report it as a diagnostic finding. Further testing may be necessary to look for a second pathogenic variant in that gene not identified by WES.

Pathogenic variants in genes that are not related to the patient's phenotype and would give information about the patient's carrier status for autosomal recessive conditions will only be reported if requested.

q YES, report information regarding carrier status. __________________________ Patient/Guardian Initials
q NO, please DO NOT report information regarding carrier status. ____________ Patient/Guardian Initials

2. Diagnostic Findings not Related to Phenotype in Adult-onset Medically Actionable Disorders:
Pathogenic variants in medically actionable conditions (conditions for which there is currently recommended treatment or preventative actions that can be taken to reduce the risk of developing the disease) will only be reported if requested. An example would be hereditary cancer syndromes such as Lynch syndrome.

q YES, report information regarding adult onset actionable conditions. __________________________ Patient/Guardian Initials
q NO, please DO NOT report information regarding carrier status. __________________________ Patient/Guardian Initials

FOR ADULTS ONLY (18 Years or Older)

1. Diagnostic Findings Not Related to Phenotype in Adult-onset Not Currently Medically Actionable Disorders:
Pathogenic variants in conditions that are not currently medically actionable (do not have recommended treatment or preventative measures) will only be reported if requested.

q YES, report information regarding adult-onset not currently actionable conditions. __________________________ Patient/Guardian Initials
q NO, please DO NOT report information regarding adult-onset not currently actionable conditions. __________________________ Patient/Guardian Initials

PLEASE NOTE
The Medical EmExome Array is not designed to be a comprehensive test to identify carrier status or findings in adult-onset conditions. We are unable to guarantee that all conditions for which the individual is a carrier for or all adult conditions for which the individual has a pathogenic variant will be determined by this test. Additional testing for health or reproductive purposes should be discussed with your doctor or genetic counselor. Also, variants of unknown significance will not be reported when they fall under these categories.

Samples received from the State of New York for genetic testing will not be stored indefinitely or used for research purposes unless otherwise specified. Extracted DNA for NY samples and other clients with opt out policies will be discarded according to laboratory policy. Please contact EGL Genetics for details.

I can request that remaining DNA on the proband be retained and used for research purposes by initialing here: _______. Remaining DNA samples may also be used for EGL's laboratory/Internal purposes as permitted by HIPAA; these samples will not be available for future clinical studies.

Please note that the current test is not designed to identify Carrier Status for autosomal recessive conditions. I understand that I may be notified of any diagnostic findings that may influence my own testing.

Please note that I have been provided with written information and have reviewed it prior to specimen collection. I understand that the results of this test may have implications for my family members.

I have read and agree to the terms and conditions outlined in this consent form. I understand that I may receive communication regarding the results of this test. I also understand that I may request a copy of the results at any time.

I have provided genetic counseling and have explained the Medical EmExome array test to the patient/parent/guardian. The consent form and limitations of genetic testing were reviewed with the patient/guardian. I accept responsibility for pre- and post-test genetic counseling. I will use my independent professional judgment and the patient's best interests in advising the patient/parent/guardian regarding DNA test results, the use and limitations of same, and any research study, clinical trial, drug, treatment or device brought to my attention by EGL or others.

Note to Ordering Clinician:
EGL Genetics encourages the discussion of the limitations and utility of a genetic test with the patient prior to specimen collection. This form is provided to address pertinent issues regarding this test. Specific information describing indications, methodology and detection can be found on the EGL Genetics website at: http://eglgenetics.com.

Patient Signature: __________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________

Physician/Counselor/Clinician Statement:
I have provided genetic counseling and have explained the Medical EmExome array test to the patient/parent/guardian. The consent form and limitations of genetic testing were reviewed with the patient/guardian. I accept responsibility for pre- and post-test genetic counseling. I will use my independent professional judgment and the patient's best interests in advising the patient/parent/guardian regarding DNA test results, the use and limitations of same, and any research study, clinical trial, drug, treatment or device brought to my attention by EGL or others.

Note to Ordering Clinician:
EGL Genetics encourages the discussion of the limitations and utility of a genetic test with the patient prior to specimen collection. This form is provided to address pertinent issues regarding this test. Specific information describing indications, methodology and detection can be found on the EGL Genetics website at: http://eglgenetics.com.

Clinician Signature: __________________________ Date: ____________