



Patient Consent for OncoScreen/Multi-Gene Cancer Panels

***Please initial next to each statement as acknowledgment that you have read and understand the information.**

_____ I understand the following information regarding the test purpose and methodology:

The purpose of this molecular genetic test is to determine if you carry any mutation(s) causing increased risk to develop cancer. This test will include analysis of all genes included on the cancer panel indicated above.

The blood, body fluid, or tissue specimen submitted is required for isolation and purification of DNA for molecular genetic testing.

_____ I understand the following information regarding the results disclosure policy:

Due to the complexity of DNA-based testing and the important implications of the test results, these results will be reported through your designated physician(s) or genetic counselor and you should contact your provider to obtain the results of the test. Additionally, the test results could be released to all who, by law, may have access to such data.

_____ I understand the following information regarding test results:

Genes included on this test may be associated with several different types of cancer and are also associated with varying levels of cancer risk. Your healthcare provider's recommendations for your medical management could differ depending upon the test findings. All genes on this panel have been implicated in cancer predisposition and are associated with increased lifetime cancer risk(s), although these risks may differ, depending on the particular gene. For many of the genes, specific screening and medical management recommendations are available for individuals with mutations.

These genes include but are not limited to: APC, BMPR1, ABRCA1, BRCA2, CDH1, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, SMAD4, STK11, and TP53. Identification of a mutation in other genes can also impact medical management decisions and more data and specific recommendations are expected to emerge over time. Identification of a mutation in any gene does not imply that cancer screening and risk management options will be covered by health insurance. If mutations are identified in more than one gene on this panel, there may not be sufficient information available to determine your precise cancer risk. Therefore, the results of this genetic test may or may not have implications for your medical management and options including preventive screening/intervention or therapeutics based on your genetic testing result may change over time. Genetic test results have implications for your family members. If you are found to carry a mutation/variant in any of the genes analyzed, this may also have implications for your family members. This should be discussed with your healthcare provider. There are several types of genetic test results, including:

Positive- A mutation was identified in a gene(s) associated with increased cancer susceptibility. This means that you are at increased risk of developing cancer. The specific type(s) of cancer depend on the particular gene(s). Your healthcare provider will make cancer screening and medical management recommendations based on what is known about the gene(s) in which a mutation was found.

Negative- No mutations were identified in any of the genes tested. This result greatly reduces the likelihood that you have a mutation in the genes tested (see limitations of testing). Your healthcare provider will make cancer screening and medical management recommendations based on your personal and/or family history.

Variant- An alteration was identified in one or more genes; however, there is not enough information to determine whether this change is associated with an increased risk for cancer. A thorough review of the variant and the associated literature may suggest that a variant is more likely to be disease-causing or benign. However, in some cases the significance remains unclear. Your healthcare provider will make cancer screening and medical management recommendations based on your personal and/or family history.

In addition to increasing cancer risk, some genes on this panel have also been implicated in other genetic conditions, which are inherited in a recessive manner. This means that if you are identified to carry a mutation in one of these genes and your child's other biological parent also carries a mutation in the same gene there is a 25% chance of a child being affected by one of these recessive conditions. The overall risk of having a child affected with one of these conditions is low. Further testing of you or your reproductive partner may be recommended based on the results of this test.

Pre- and post-test genetic counseling provided by a qualified specialist, such as a genetic counselor or medical geneticist, is a recommended option for all individuals undergoing genetic testing.

I understand that this molecular genetic test may require an additional blood, body fluid, or tissue sample to obtain accurate results.



_____ I understand the following information regarding genetic discrimination:

There are federal laws in place that prohibit health insurers and employers from discriminating based on genetic information (for example, the Genetic Information Nondiscrimination Act (GINA) of 2008 (Public Law 110-233)). There are currently no federal laws that prohibit life insurance, long-term care, or disability insurance companies from discriminating based on genetic information. Your state may have more comprehensive laws in this area. The results of genetic testing are considered "Protected Health Information" (PHI) as described in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191). Release of test results is limited to authorized personnel, such as the ordering physician, and to other parties as required by law.

_____ I understand the following information regarding technical limitations of this testing:

While this test is designed to identify most detectable mutations in the genes analyzed, it is still possible that there are mutations that this testing technology is unable to detect. In addition, there may be other genes associated with cancer susceptibility that are not included on this panel or that are not known at this time.

_____ I understand the following information regarding standard laboratory limitations:

I understand that inaccurate results may occur as a result of (but not limited to) the following reasons: sample mixup, samples unavailable from critical family members, inaccurate reporting of family relationships, inaccurate or misleading medical information about my clinical condition or that of my family members, or technical problems.

_____ I understand the following information regarding use of specimens for research:

Our lab is committed to improving genetic testing for all patients and contributing to scientific research. NOTE: If left blank, consent is interpreted as "NO".

- I agree to use of my de-identified bio specimen for research to improve genetic testing for all patients and contribute to scientific research.
- I am a New York state resident and I give permission to store my sample for up to 1 year after testing completion.
- In addition to agreeing above, I agree to be contacted regarding research opportunities.

_____ I understand that laboratory reserves the right to:

Suggest additional molecular testing if it would help in resolving your clinical genotyping.

Refuse testing if one of the conditions in this informed consent document is not met.

Report additional testing results (other than requested) if they are clinically relevant to the patients and their families (e.g. The methodologies for evaluating specific gene(s) of interest may rarely identify incidental findings related or unrelated to the reason I/my child have been offered testing. In such instances

I have read or have had read to me all of the above statements and understand the information regarding molecular genetics testing and have had the opportunity to ask questions I might have about the testing, the procedure, the risks, and the alternatives prior to my informed consent. I agree to have the molecular genetic testing described within or above.

Patient Signature (or Parent/Guardian, if patient is a minor)

Date

Patient Name (Print)