

PURPOSE

This test looks for the presence or absence of specific variants (mutations) in your DNA that can affect your response to certain medications. This test only pertains to drug metabolism, cardiovascular risk factors and risks for thrombosis (blood clots) and will not detect all gene mutations or diagnose disease.

SAMPLE AND SHIPPING

A buccal (cheek) swab is required for testing. A sampling kit is provided free of charge that includes:

- Two collection swabs
- Labels
- Specimen bag
- This consent form for your signature
- Envelope with a prepaid shipping label

BENEFITS

These results from the testing may:

- Help your healthcare provider determine if you need a lower or higher dose of a prescription drug
- Help your healthcare provider determine if you are at an increased risk for side effects with certain prescription drugs
- Help your healthcare provider make better drug choices for you if you are prescribed a medication
- Help determine if you are at increased risk for blood clots (thrombosis) or cardiovascular disease.

LIMITATIONS

- You may never need any of the medications we are evaluating, and this information may provide no benefit to you.
- The possibility of unclear or unanticipated results.
- A negative result does not mean that mutations do not exist in your DNA. It means that no mutation was identified at this time. There remains a small possibility that a mutation exists which cannot be identified by current testing methodology.
- A negative result does not rule out all risk
- The test cannot identify all mutations in all genes that impact medication metabolism

RISKS

- There is a small chance that the test may fail or the initial sample we receive is inadequate. In this case we may require an additional sample to complete your testing.

ACCURACY

- Genetic testing is over 99% accurate. Reasons for errors include (but are not limited to): mislabeled samples, contaminated samples, and technical errors.
- If you have had a bone marrow transplantation, a recent blood transfusion or have had a hematological (blood) cancer, we may not be able to reliably perform testing. You should not proceed without discussing further with your health care provider.

TURN AROUND TIME

Your test results will take approximately 3-4 weeks to complete and are released to your ordering health care provider. You will receive a summary of your results in the mail. Upon request, your health insurance provider would have access to your results.

PRIVACY

Your genetic test results and health information will be stored and protected in compliance with the requirements under the United States federal government regulatory Health Insurance Portability and Accountability Act (HIPAA) of 1996.

PROTECTION

The Genetic Information Non-discrimination Act (GINA) makes it illegal under a United States federal government law for health insurance companies to base decisions of health insurance coverage or premiums on genetic test results (exceptions include long term care, disability or life insurance). Employers cannot request or use genetic testing information in decision making as it relates to your employment.

WHAT MY SIGNATURE MEANS

- I am confirming that I have read or have had read to me, the above information and that I fully understand.
- I give my consent to Scion Genomics, a Division of Scion Lab Services, LLC (hereinafter referred to as "Scion Genomics") to proceed with Pharmacogenomic Testing, including forwarding my sample and personal health information to a reference laboratory, if applicable, for testing and interpretation purposes.
- I understand that Scion Genomics is not a DNA banking facility and does not guarantee that DNA would be available in the future. Any additional studies must be ordered by my referring health care provider which may result in additional charges.
- Once the test is complete, identifying information would be removed if my remaining DNA sample were to be used for laboratory purposes. These samples would not be available for future clinical studies, would not be identifiable, and no results could be reported.
- I agree to 3rd party/direct insurance billing by Scion Genomics. I hereby authorize my insurance benefits to be paid directly to Scion Genomics and authorize Scion Genomics to release medical information related to my testing to my insurance carrier and that I am financially responsible for any amounts not covered by my insurer. I understand that I am legally responsible for sending Scion Genomics any money received from my insurance carrier as the payment for the test being performed. I authorize Scion Genomics to be my designated agent for purposes of appealing any denials of benefits as needed. I acknowledge that Scion Genomics has the right to request additional medical records, such as consult notes, letters of medical necessity, and clinical/family history notes directly from my provider(s) for insurance verification and billing purposes.
- I agree to Scion Lab Service's Terms of Service and Privacy Policy, which are available at www.scionlabservices.com, or upon request.

Print Name: _____

Signature: _____

Date: _____

Please check to decline:

- I decline the use of my data and sample for third party research and the inclusion of my data in a research database.