Patient Name: _____ DOB: _____

Tesis Biosciences Accession Number: _____

Supplemental Data Consent Form

Genetic testing creates a significant amount of unprocessed data (raw sequence data and filtered variant lists), some of which can only be viewed and interpreted using specialized computer software. In addition, the interpretation requires a thorough assessment by experienced professionals to create a test report that can help medical professionals make treatment decisions for patients. Tesis Biosciences provides the unprocessed data of an individual only when specifically requested, as it may contain data that includes false positives, unconfirmed results, or data that is not relevant to the ordered test. Tesis Biosciences recommends that such unprocessed data only be used for research purposes and not to make decisions about the treatment of a patient.

Filtered variant lists are only available for Whole Exome Sequencing and are provided in an Excel spreadsheet format.

Raw sequence data can be provided for any Next Generation Sequencing test and is available in three different file formats emailed via secure link. Authorized recipients must download the data within 30 days of receipt or the link will expire.

Unprocessed data is not released until clinical testing is complete and the final report has been released. All requested data is provided to the medical professional email address and all authorized recipient email addresses listed in the Authorized Recipients section (as applicable). It may take up to several weeks for data to be delivered to recipients.

RAW SEQUENCE DATA:

☐ BAM files

☐ fastq files

☐ VCF files

FILTERED VARIANT LIST:

☐ Filtered variant list (only available for Whole Exome Sequencing)

If we have performed more than one NGS test for this patient, please specify which test's data you are requesting. Unless otherwise indicated below we will send all NGS data. **Test code/name:** _____

AUTHORIZED RECIPIENTS

Tesis Biosciences recommends against the delivery of this data directly to patients.

NAME	EMAIL	RELATIONSHIP TO PATIENT

PATIENT/GUARDIAN CONSENT

I understand that the authorized recipients listed above will be receiving unprocessed data results from genetic testing performed for me/the person for whom I am a caregiver. I understand that the information included in the data files may include findings not relevant to the ordered test, and data which has not undergone interpretation. I also understand that this data is for research purposes only and shall not be used for making treatment decisions. **NAME, DOB & SIGNATURE OF EACH INDIVIDUAL FOR WHOM DATA IS BEING REQUESTED IS REQUIRED:**

NAME	DOB	PATIENT/GUARDIAN SIGNATURE	DATE

**Copy of identifying document for each patient or parent/guardian is required for direct-to-patient requests. Examples of acceptable documents include: driver's license, DMV identification card or passport. Data will only be released for individuals for whom we've received both a signature and identifying documentation.*

***Patient signature is not required if IRB approval for research is selected below.*

MEDICAL PROFESSIONAL CONSENT

☐ IRB approval and patient consent have previously been obtained for this patient and/or family members (therefore, patient signature not required on this request).

I acknowledge and understand the disclaimer above. I confirm that the patient(s) who signed in the "Patient/Guardian Consent" section above is/are the patient(s) or guardian(s) of the patient(s) whose data has been requested.

Signature : _____ Date : _____

Printed Name : _____ Phone : _____

Institution : _____ Email Address : _____