

Ordering oncologist information

Name

First Name Last Name

HPCSA registration number

Email

example@example.com

Phone Number

Area Code Phone Number

Practice address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Patient information

Name

First Name Last Name

Email

example@example.com

Phone Number

Area Code Phone Number

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Sex

Male

Female

N/A

Clinical information

Current diagnosis (check all that apply)

NSCLC

Colorectal carcinoma

Breast

Melanoma

Ovarian

Other (Please complete expanded diagnosis)

Expanded diagnosis

Unknown Primary

Yes

No

Informed consent

Patient Consent to Genetic Testing

Your doctor has ordered genomic sequencing and analysis (hereinafter referred to as the “Test”) to obtain additional information that may inform the chemotherapeutic management of your cancer.

This document describes the potential risks, benefits, and limitations of the Test.

If you have any questions or need additional information, please consult your doctor before signing.

You are not required to have this test.

If you decide to authorize the Test, please sign and date where indicated at the end of this document.

Purpose & Process

Axaitech will perform Next Generation Sequencing (“NGS”) and analysis of certain regions of your DNA that may be associated with your cancer and will report Test results to your doctor.

The goal of the Test is to identify key characteristics of your cancer that may inform clinical decision making.

Axaitech will work with your doctor to obtain a blood sample, from which the DNA will be extracted, and information from your electronic health record.

Risks, Benefits, & Limitations

The Axaitech Test report does not provide any medical diagnosis and does not make any specific treatment recommendations; instead it provides information for your doctor to review. There is no guarantee that performance of the Test will yield clinically relevant information, inform your doctor’s clinical decision-making or otherwise lead to any particular or beneficial outcome for you.

Test results may show one or more “actionable” genomic alterations, meaning that there may be FDA-approved therapies available that target your specific type of cancer or that certain clinical trials may be available to you. Knowledge about the effects and meaning of genetic changes is constantly changing.

This Test does not examine every possible variant that may exist, and the technology also may not identify all variants related to your cancer, because there is a possibility of testing errors by Axaitech and because some biological factors may limit the accuracy of results.

Axaitech is under no ongoing obligation to update, revisit or later re-evaluate the results of the Test after those results have been made available to your doctor through the test report described above.

You are required to sign this agreement in order to receive testing from Axaitech, and your signature below indicates that you have read and understood the information and are agreeing to have the Test.

Payment and processing

All payments must reflect in the account of Axaitech no more than 30 days after the Test results have been made available to the doctor.

By signing this agreement, I hereby acknowledge that I am fully liable for payments due to Axaitech for the Test, upon confirmation of receipt of the Test results by my doctor.

Specimen Release

By signing below, I authorize the release of my original pathology slides/blocks/clinical specimens and other materials, including extracted DNA and RNA, that are requested by Axaitech ("Materials"), and I hereby direct the pathology lab receiving this request to release and provide all such Materials to Axaitech. I understand that the Materials may be irreplaceable and could be lost or damaged in handling, transit or when used.

I agree to release Axaitech and any pathology laboratory releasing such Materials from any claims I may have for any such loss or damage to the Materials.

Ordering oncologist

Patient

Date



Month Day Year