



Testing for genetic conditions can be complex. Prior to providing consent, consider obtaining genetic counseling to discuss the risks and benefits of having the testing performed. If warranted, refer to the test-specific information (general description of the test, purpose and description of associated disorder(s)) found at www.MayoClinicLabs.com.

It has been explained to me and I understand that:

This test is specific for _____ and I hereby consent for the decedent to participate in said testing.

I understand that, in order to perform testing, a biological specimen (blood, tissue, and/or DNA) will be obtained from the decedent.

I understand that this biological specimen will be used for the purpose of attempting to identify a genetic cause for the disorder stated above in the decedent. If a genetic cause is identified, the results may allow for predictive testing of at-risk family members.

- A positive result is an indication that the decedent may have been predisposed to or had the specific disorder or condition. Further testing may be needed to confirm the diagnosis. I understand I will be given the opportunity to talk with a physician and/or a genetic counselor about these results.
- There is a chance that the decedent had this genetic condition but the genetic test results will be negative. Due to limitations in technology and incomplete knowledge of genes, some changes in DNA may not be detected by the test.
- There may be a possibility that the laboratory findings will be uninterpretable or of unknown significance. In some circumstances, findings may be suggestive of a condition different than the diagnosis that was originally considered. Accurate clinical diagnosis is important.
- Most genetic tests are highly sensitive and specific. However, sensitivity and specificity are test-dependent.
- An error in diagnosis may occur if the true biological relationships of the family members involved in testing are incorrect. In addition, testing may identify previously undisclosed biological relationships, such as misattributed maternity or paternity.
- Some affected individuals may have a disease-causing variant that is not detectable by the methods used. Additionally, the clinical phenotype that is observed in the decedent and/or family may be due to a disease-causing variant(s) in a gene(s) that is not included in the test.
- There is a small risk of an error occurring in sample processing, analysis, and/or resulting (eg, sample mix-up, technical limitations); however, laboratory procedures are in place to attempt to minimize these risks.
- Because of the complexity of genetic testing and the important implications of the test results, results will be reported only through a physician, genetic counselor, or other identified health care provider. The results are confidential to the extent allowed by law. They will only be released to other medical professionals or other parties with your written consent or as otherwise allowed by law.
- The laboratory does not guarantee indefinite storage of patient samples and may discard them within 60 days of test completion, in accordance with state-specific regulations.
- Any sample remaining after testing is complete may be used for internal laboratory quality control or research purposes, but all patient identifiers such as name and birth date will be removed. **You may request that the decedent's DNA sample not be used for these purposes by indicating this preference below.**

Opt-Out of Anonymized Research Studies Using Remaining DNA

- I choose to opt-out of participation in anonymized research studies using the decedent's DNA sample. All samples from New York clients will be disposed of 60 days after testing is complete. Opting-out means that the decedent's specimen will be destroyed upon completion of this test.

Initial to opt-out _____

Additional testing information can be found at www.MayoClinicLabs.com.

| | | |
|--|--------------------------------|--------------------------------|
| Decedent Printed Name <i>(Last, First, Middle)</i> | Birth Date <i>(mm-dd-yyyy)</i> | Death Date <i>(mm-dd-yyyy)</i> |
|--|--------------------------------|--------------------------------|

Signatures

As a legal representative for the decedent, I hereby authorize testing. My signature below acknowledges my voluntary participation in this test on behalf of the decedent. Typing my name is equivalent to a signature.

| | | |
|--------------------------------|--------------------------|--|
| Legal Representative Signature | Date <i>(mm-dd-yyyy)</i> | Legal Representative Printed Name <i>(Last, First, Middle)</i> |
| Witness Signature | Date <i>(mm-dd-yyyy)</i> | Witness Printed Name <i>(Last, First, Middle)</i> |

Provider's or Counselor's Statement: I have explained genetic testing (including the risks, benefits, and alternatives) to this individual. I have addressed the limitations outlined above, and I have answered this person's questions to the best of my ability.

| | | |
|---------------------------------|--------------------------|---|
| Provider or Counselor Signature | Date <i>(mm-dd-yyyy)</i> | Provider or Counselor Printed Name <i>(Last, First)</i> |
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