



EffectiveRX Test Overview

Purpose of the Test

The purpose of this test is to help identify differences in DNA that can affect the way the body responds to and metabolizes specific medications. The test will provide your doctor or a healthcare professional with information about medications that may be less likely to work for you, require dose adjustments, and/or could have an increased risk of side effects based on your genetic makeup. The GENETWORx EffectiveRX test is intended for review and interpretation by a healthcare provider. It is not a substitute for medical advice. Consult your doctor or other healthcare professional before making any changes to medications or starting new medications.

What We Collect and How it is Used

A saliva specimen will be collected to obtain a genetic sample. The sample will be sent to the GENETWORx laboratory for genetic testing. GENETWORx shares the results of genetic testing with its partner, Coriell Life Sciences, LLC for analysis in reference to their pharmacogenomics database. Once analysis is complete, test results containing your pharmacogenomic information along with EffectiveRX reports will be sent directly to the ordering healthcare professional who may use those results to help treat you.

EffectiveRX Test Results

- The EffectiveRX test results consist of genetic test results and pharmacogenomic reports.
- Medical and laboratory personnel at GENETWORx and Coriell Life Sciences, LLC review and analyze your genetic test results to prepare the EffectiveRX reports.
- Test results and reports are only released to the ordering healthcare professional, patient, and those legally required to obtain them. For your information, the Genetic Information Nondiscrimination Act (GINA) of 2008 extends some protections against genetic discrimination.

Use of Patient Information and Samples After the Test is Complete

- As the laboratory that performs the EffectiveRX test, GENETWORx stores patient information as required by applicable federal, state, and local laws and regulations. This information may be used to conduct additional testing or analysis in the event that (a) the patient consents to any new product or service offering; or (b) evolving research data indicates that such analysis is useful or necessary to confirm results provided. Such subsequent testing or analysis may also require an updated doctor or healthcare professional order as well as an additional fee.
- GENETWORx will store a sample only for the maximum duration permitted under applicable law or regulation ("Retention Period"), after which point it will be destroyed. Samples from New York patients will be destroyed within 60 days after GENETWORx receipt or upon completion of all tests, if later. Until the sample is destroyed, GENETWORx may de-identify the sample and use or store it according to regulations for internal purposes.
- GENETWORx and Coriell Life Sciences, LLC may deidentify, store, and use patient results, reports, and medical information for internal purposes.



RETURN THIS FORM WITH THE SAMPLE

Consent for EffectiveRX Testing

By signing this consent form, I acknowledge that I have read (or have had read to me) the EffectiveRX Benefits and Risks Disclosure document, and I understand what it says. I have had the opportunity to ask any questions I may have about the EffectiveRX test, and all of my questions have been answered to my satisfaction. I acknowledge and agree to the following regarding the EffectiveRX test:

- I confirm that I have been informed about the purpose, scope and limitations of the EffectiveRX test and I give permission for GENETWORx to perform the testing as described.
- I understand that the EffectiveRX test is not intended to diagnose whether I have (or will in the future get) any particular disorder or disease. It is intended to help predict how my body may respond to certain medications based on my genetic makeup.
- I acknowledge that no guarantees have been made to me as to the result of undergoing the EffectiveRX test.
- I acknowledge that GENETWORx Notice of Privacy Practices has been provided and is available at <https://genetworx.com/genetworx-hipaa-notice-of-privacy-practices/>.

By signing below, I freely and voluntarily provide my informed consent to undergo the genetic test.

Patient Full Legal First and Last Name (Print) _____

Legally Authorized Representative/Parent/Legal Guardian Name (Print) _____

Patient Date of Birth (MM/DD/YYYY) ___/___/____ Patient Biological Sex (M/F) _____

Patient/Representative Signature _____ Date ___/___/____

My sample and health information cannot be used for research without my permission. I may give my permission (below) for my sample and health information to be used for research and publications. If I give permission, my sample and health information will only be used after GENETWORx and Coriell Life Sciences, LLC, has de-identified the sample and health information by removing my personal identifiers (such as name and date of birth). Through de-identification, my name and other personal identifiers will not be linked to the results of any studies, publications, or products. Samples that are used in research may result in new discoveries, tests, or products that are worth money. If I give permission for my sample and health information to be used in research, I will not receive any money or other compensation from any new discoveries, tests, or products created using my sample and health information. If I change my mind and do not want my sample and health information to be used for research, it will not be possible to get my sample or health information back once the sample and health information have been de-identified by GENETWORx and Coriell Life Sciences, LLC. Not allowing my sample to be used for research will not affect my test results. I give permission for my sample and health information to be used for research without any of my personal identifiers.

Yes No Initials _____

