

I have agreed with my healthcare professional to have the following genetic test:

- 12 Gene Breast Cancer Panel
- Multi-Cancer Panel

Please tick the box(es) that apply to you:

- I have discussed the above selected genetic test with my healthcare professional (if applicable).
- I have viewed the Everything Genetic pre-test clinical support video (if applicable).

I understand and agree that:

1. Family implications

- 1.1** The results of my test may have implications for other members of my family. I acknowledge that my results, with my consent, may be used to inform the appropriate healthcare of others.
- 1.2** I acknowledge that Everything Genetic may link my results to the results of my direct family members who take a cancer genetic test with Everything Genetic.

2. Uncertainty

- 2.1** The results of my test may reveal a genetic variation whose significance is not yet known (a Variant of Unknown Significance or VUS).
- 2.2** Where a VUS has been identified, I understand that Everything Genetic may share information about me, on an anonymised basis, for purposes of international research in respect of the VUS, including studies based on comparison of genetic variations found in others. I acknowledge that interpretation of my results may change over time as further information and evidence is gathered.
- 2.3** I consent to the periodic reanalysis of my results by the Labs engaged by Everything Genetic from time to time, where a VUS has been identified. I acknowledge that if such reanalysis means that my result is reclassified, Everything Genetic will notify the requesting physician or organisation.

3. Laboratory testing and DNA storage

- 3.1** Samples contain DNA and therefore are treated as special categories of personal data. I consent to Everything Genetic processing and storing such data in accordance with its [Genetic Testing Privacy Policy](#) which you can access on our website.
- 3.2** Testing of samples is undertaken by such accredited laboratories as are engaged by Everything Genetic from time to time (Labs). I consent to Everything Genetic providing my sample to its chosen Labs for the test and/or re-tests to be carried out on the sample.

- 3.3** Normal laboratory practice is to store the DNA extracted from samples even after the particular test is complete. I agree and acknowledge that my sample might be used as a 'quality control' and for other testing services and that any genetic material will be stored in accordance with current guidelines for the storage of genetic material. For more information on how your sample or genetic material may be stored, please see our [Genetic Testing Privacy Policy](#) which can be accessed on our website.
- 3.4** For information on how we handle your personal data, please see our [Genetic Testing Privacy Policy](#) which you can access on our website.

4. Data storage

Data from my test will be stored by Everything Genetic and Everything Genetic may use such data and analysis to conduct possible future interpretations of the results and/or data analysis and for other research, educational, training, and statistical purposes on an anonymised basis.

5. Health records

Results from my test and my test report will be part of my health record.

Patient signature

I agree to the above and to provide a sample to Everything Genetic for genetic testing.

Where I have provided an authorisation number given to me by my medical insurer, I accept that I am responsible for any cost of the genetic test including any excess not reimbursed by insurance.

Patient signature		Date (DD/MM/YYYY)	
Patient name (please print)			