

## Variant IQ™ Family Insight Program: Family Member Consent Form

### What is the goal of Variant IQ™ Family Insight Program?

The goal of this program is to clarify whether a genetic finding is associated with disease or not. This helps patients and their healthcare providers know more about the cause of disease in a family.

### What is a variant of unknown clinical significance (VUS)?

Each person's genetic makeup is different from the next. These differences are called variants and are what make us unique. Most variants are normal findings and are harmless. In some cases, a specific variant has not been seen often enough to know if it is associated with disease or not. We call this a variant of unknown clinical significance (VUS).

### How could my participation contribute to learning more about the VUS my family member carries?

One way to learn more about a specific VUS is to see whether it pairs with disease in a family. Since one of your family members carries a VUS, we are interested to know more about your health history to determine if family testing is likely to be useful.

### If I am interested in participating, what are the next steps?

If you are interested in participating, you would sign a consent form and provide a blood sample. Your healthcare provider can arrange sample collection locally. You may be asked to send additional medical information and/or genetic test results along with your blood sample. Your blood sample will be analyzed for the variant(s) in question.

### What kind of information might I get if I participate?

This testing may be able to clarify if the VUS in your relative is associated with disease or not. Identity testing to confirm biological relationships, including parentage, may be performed as a quality measure. If family testing **does** clarify the VUS, we will update your relative's laboratory report and share the new information with their healthcare provider. If family testing **does not** clarify the VUS, we will inform your relative's healthcare provider and encourage your relative to check in with us annually for updates. **It is important to know that you will not be given any results from your blood test.** In addition, your information may be included in the updated report to your relative.

### Is there a cost for this test?

There is no additional cost to participate in the Variant IQ™ Family Insight Program.

### Patient Attestation of Informed Consent:

My signature below indicates that I have received information about the Variant IQ™ Family Insight Program, and that I have read and understood the material in this document. I have been given a full opportunity to ask questions that I may have about the testing procedure and related issues.

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Signature of Patient

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Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**For the Physician:**

As the referring physician, I understand the benefits and limitations of this study. I attest to the fact that I have provided the patient with the information contained above and fully answered any questions. I believe that the patient understands the information and is voluntarily signing this informed consent. I understand that neither I, nor this family member, will get any results from this test.

\_\_\_\_\_  
Signature of Physician/Health Care Professional

\_\_\_\_\_  
Date

**Signed consent forms should be faxed to 1.774.843.5657**

## Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.844.698.1022.

ATENCIÓN: si habla Español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.698.1022.

注意：如果您使用繁體中文(Chinese)，您可以免費獲得語言援助服務。請致電1.844.698.1022。