

Please read carefully and discuss with your ordering physician or the person obtaining consent before signing. This form must be completed and signed by you, your parent/legal guardian or legally authorized representative. Please email completed form to [EUCustomerServices@carisl.com](mailto:EUCustomerServices@carisl.com).

## What is Caris Molecular Intelligence®?

Caris Molecular Intelligence is a tumor profiling service that assesses the DNA, RNA and proteins found in a tumor sample to reveal a molecular blueprint that can be used to guide more precise and individualized treatment decisions. A Caris Molecular Intelligence Report (Report) is generated for each patient and may help your doctor personalize cancer drugs specific to your cancer/tumor.

## What does the Report reveal?

The results of these tests reveal your tumor's specific cancer biomarkers, or targets, which provide molecular insights to help doctors personalize treatment to your cancer. This information, or Molecular Intelligence, helps your doctor navigate among therapies with potential benefit, determine which drugs potentially lack benefit (avoiding unnecessary toxicities and costs), and match biomarker results to clinical trials where appropriate.

## Potential Benefits, Limitations and Risks

It is possible that the test results will show one or more genomic alterations that either have FDA-approved therapies available that target your specific type of cancer, or clinical trials that are studying investigational therapies for your type of cancer. Knowledge about the impact of genetic alterations is constantly changing. As a result, we may not yet understand the significance of certain mutations or variations we observe or whether anything can be done to address those mutations or variations. As a result, physicians may have different opinions about what the test results mean and what treatment should be provided in light of the test results. This test does not examine every possible mutation or variant that may exist and our technology may not identify all mutations related to your cancer. There is also a small possibility of testing errors. You may learn medical information about yourself that you did not expect, including the learning of additional diagnoses or a change in your condition, which may or may not be treatable any may make you upset or cause distress. It is possible that the test will not reveal the cause of your disease or help identify possible treatments. Because genetic information is involved, it is possible that the results of this test could impact your ability to obtain life, disability or long-term care insurance.

## Privacy

1. The results of the Caris Molecular Intelligence test will become part of my medical record. They will also be retained by my physician and Caris Life Sciences as required by law and may be retained for an indefinite period and used by my physician and/or Caris Life Sciences for internal quality assurance or other operations purposes. They may be made available to individuals/organizations with legal access to my medical records including, but not limited to, the physicians and staff directly involved in my care, employees of Caris Life Sciences my current and future insurance carrier, others authorized by law or court order, and others specifically authorized by me or my authorized representative to gain access to my medical records. I may request removal or destruction of identifiable genetic information from my medical record to the extent permitted by law.
2. To the extent my consent is required, I authorize Caris Life Sciences to de-identify my genetic information, including any remaining sample and test results, and use or disclose that de-identified information/results for future unspecified genetic research or other purposes. I agree that Caris Life Sciences may retain this de-identified information for as long as it believes it is useful. I understand that this information will be de-identified in a manner that meets de-identification standards under the Health Information Portability and Accountability Act (HIPAA). I understand that I am not required to consent de-identification of my genetic information/test results as a condition of receiving Caris Molecular Intelligence testing. I understand that once my genetic information and test results have been de-identified, Caris Life Sciences will not be able to determine which genetic information and test results relate to me and, therefore, I will no longer be able to withdraw my consent to its future use or disclosure.

# Patient Authorization/Consent



## Patient Acknowledgment

By signing below I agree that I understand the information provided in this consent. I certify that my physician or the person ordering this test has explained the purpose, benefits, limitations and risks of Caris Molecular Intelligence testing. I have also had the opportunity to ask questions, and all questions I raised have been answered.

- I received information about this test and discussed this test with my physician or the person ordering the test. I have been informed about the availability and importance of genetic counseling, and I understand information identifying a genetic counselor or medical geneticist from whom I may obtain such counseling will be provided upon request.
- I consent to the retention of my genetic information and test results by Caris Life Sciences and the use of de-identified information/sample for future research or other purposes as described above.

Patient Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
First MI Last

Patient Signature: \_\_\_\_\_ Medicare ID (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
First MI Last

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physician or Authorized Staff

In accordance with applicable law, the contents of this form have been discussed with the patient/legal guardian and informed consent obtained. The following was signed in my presence.

Name of Person Obtaining Consent (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title (Physician, NP, Genetic Counselor, etc.): \_\_\_\_\_ Date: \_\_\_\_\_