

## Patient Consent for Solid Tumor Genetic Testing

### 1. Purpose of the Test

Testing for genetic conditions can be complex. Your health care provider will tell you which specific Test(s) they are ordering for you. The NRL Solid Tumor testing by MSK-IMPACT, is a comprehensive genomic profiling (CGP) test capable of identifying genetic mutations and other critical changes in your tumor. This information may help in identifying:

- targeted therapy options
- predicting response or resistance to specific treatments
- understanding tumor behavior and prognosis
- and assessing eligibility for clinical trials (if applicable).

### 2. Test Procedure

- The test requires a **tumor tissue sample (biopsy or surgical specimen) and a matched normal tissue (e.g. blood)** collected as part of your routine medical care (See Tissue Requirement for Solid Tumor Form).
- Genetic material, including nucleic acid (e.g., DNA and/or RNA), will be extracted and/or obtained from your sample(s), and the testing will be performed on this genetic material in accordance with NRL's standard operating procedures. You authorize the release of the original pathology slides/blocks/clinical sample(s) and other materials, including extracted nucleic acid, that are requested by NRL to conduct the Test(s). The result will be linked to your electronic health record. The testing process may also generate additional data and information. The genetic and other submitted material may be retained and used for future testing ordered by your health care provider or to improve tests and testing technologies.

### 3. Potential Risks & Limitations

- This test may detect genetic alterations without established treatment options.
- Not all genetic changes are linked to targeted therapies.
- False-negative or inconclusive results may occur due to tumor heterogeneity, or low quality or concentration of extracted DNA. In this case, we will be requesting for additional specimen.
- The test may potentially identify genetic changes that might inform on the risk of future cancers and/or be inheritable through the family. Further testing will be performed after you have been informed and explicit consent for further analysis has been obtained.

### 4. Confidentiality & Data Protection

- Your genetic data will be handled in compliance with Abu Dhabi Department of Health, UAE Ministry of Health and Prevention, and federal data protection laws. Your data and extracted genomic material will be retained according to the approved retention list in line with local regulation.
- Results will be stored securely and shared only with authorized healthcare professionals.
- Your data may be used in de-identified form for medical research in accordance with UAE regulations.

### 5. Voluntary Participation & Right to Withdraw

- Your participation in this test is voluntary. Should you choose to not to proceed with your testing, or should you choose to withdraw your consent at any time please contact your healthcare provider.
- You may withdraw consent at any time before the test is performed.
- You may request for your genomic material DNA and/or RNA to be destroyed 60 days after completion of the test by contacting your healthcare professional. Your healthcare professional must explain the consequence of destruction of your genetic material for purposes of re-testing.

**6. Patient Consent Declaration:** My signature below acknowledges my voluntary participation in this test. I had the opportunity to ask questions and received satisfactory answers.

Patient Signature	Date (dd-mm-yyyy)
Patient Printed Name (Last, First, Middle)	Birth Date (dd-mm-yyyy)

Checking the "Opt out of DNA storage" box below means that my samples will be destroyed upon completion of this test and will not be used for anonymized research studies or quality assurance performed in the laboratory. Should reanalysis be requested in the future, new sample(s) will be required. If the box below is not checked, opt in will be assumed.

☐ Opt out of DNA storage.

**7. Physician 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.

Physician or Counselor Signature	Date (dd-mm-yyyy)
Physician or Counselor Printed Name (Last, First, Middle)	