Adventia®
carrier screening

AFFIX
BARCODE LABEL – SIF
HERE

SAMPLE INFORMATION FORM

Please complete sections below in English.

PATIENT INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	PATIENT GENETIC SEX
PHONE NUMBER	EMAIL
ETHNICITY	SAMPLE COLLECTION DATE
ADDRESS	
CITY	POST CODE / COUNTRY

ORDERING HEALTHCARE PROVIDER INFORMATION

CLINIC NAME	CLINIC ID
REFERRING HEALTHCARE PROVIDER	
PHONE NUMBER	FAX
EMAIL	
ADDRESS	
CITY	POST CODE / COUNTRY

PARTNER TESTING

IS THE PATIENT'S PARTNER HAVING THE ADVENTIA TEST AS WELL?

☐ YES ☐ NO

FIRST AND LAST NAME:

DATE OF BIRTH:

COMMENTS:

REQUESTED TEST

Panel options are available below. Please select one.

FOCUS PANELS

☐ **A-Thalassemia**
HBA1, HBA2

☐ **B-Haemoglobinopathies**
(Beta-Thalassemia, Sickle-Cell Disease) HBB

☐ **Cystic Fibrosis**
CFTR

☐ **Dystrophinopathies**
(Duchenne Muscular Dystrophy, Becker Muscular Dystrophy) DMD

☐ **Fragile X Syndrome**
FMR1

☐ **Spinal Muscular Atrophy**
SMN1, SMN2

CORE PANEL

☐ Alpha Thalassemia; HBA1, HBA2 • Beta Thalassemia; HBB • Becker Muscular Dystrophy; X-linked, DMD • Bloom Syndrome; BLM • Canavan Disease; ASPA • Cystic Fibrosis; CFTR • Duchenne Muscular Dystrophy; X-linked, DMD • Familial Dysautonomia; ELP1 • Fanconi Anemia, Type C; FANCC • Fragile X Syndrome; X-linked, FMR1 • Galactosemia; GALT • Gaucher Disease; GBA • Medium Chain Acyl-CoA Dehydrogenase Deficiency; ACADM • Mucolipidosis Type IV; MCOLN1 • Niemann-Pick Disease, Types A/B; SMPD1 • Non-Syndromic Hearing Loss GJB2-Related and GJB6-Related; GJB2, GJB6 • Phenylalaline Hydroxylase Deficiency; PAH • Sickle-Cell Disease; HBB • Spinal Muscular Atrophy; SMN1, SMN2 • Smith-Lemli-Opitz syndrome; DHCR7 • Tay-Sachs Disease; HEXA

COMPREHENSIVE PANEL

☐ 231 genes

Includes all genes of the Core panel. For the complete list of genes tested, please visit www.medicover-genetics.com

TEST INDICATIONS

☐ PREGNANCY TESTING	☐ FAMILY HISTORY (Please specify):	
☐ CONSANGUINITY	☐ HIGH RISK ETHNICITY	☐ CARRIER PARTNER
☐ EGG/SPERM DONOR	☐ OTHER (Please specify):	

COMMENTS:

FOR LABORATORY USE ONLY
F-OPR-01/06-V9-EN

ORDER NUMBER	LAB ID NUMBER	KIT LOT NUMBER
COMMENTS	DATE & TIME OF RECEIPT (DD/MM/YY HH:MM)	RECEIVED BY

RESTRICTED

MEDICOVER GENETICS
Neas Engomis 31, Nicosia, 2409 Cyprus
Phone: +357 22266888 Fax: +357 22266899
Web: www.medicover-genetics.com
Email: info.genetics@medicover.com

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PATIENT CONSENT

By placing my signature below I hereby:

1. Confirm that I have read, or have had read to me, the attached Patient Informed Consent and that I understand it.
2. Declare that I have had the opportunity to receive counselling from my referring healthcare provider on the Adventia test and to discuss with the healthcare provider all aspects of the Adventia test and this form including the benefits, risks and limitations of the Adventia test, as well as the reasons for performing the test and availability of alternative testing options to my satisfaction.
3. Authorize my referring healthcare provider to collect the necessary biological sample, and to submit this form and transport the samples to Medicover Genetics laboratories for the purposes of conducting the tests requested with this form.
4. Authorize Medicover Genetics to use part or the entirety of the biological sample for the purposes of conducting the tests requested with this form.
5. Authorize Medicover Genetics to communicate the results of the test to my referring healthcare provider.
6. Confirm that all the information on this form is true to the best of my knowledge.

Your test results and any unused biological material can help Medicover Genetics improve and further develop the quality, accuracy and effectiveness of diagnosis and help us expand the scope of genetic testing. For this reason, Medicover Genetics would like to use your anonymized, de-identified (i.e. after removing all the personal information from which you can be identified) test results and unused biological material.

☐ For the above scope, I consent to the inclusion of my test results in Medicover Genetics' database, the coding, storing and using of biological material.

PATIENT/GUARDIAN SIGNATURE	DATE

HEALTHCARE PROVIDER ATTESTATION

I hereby certify and undertake that:

1. I am the referring healthcare professional ordering this test.
2. The test results will determine my patient's medical management and treatment options.
3. The patient has been informed about the nature and purpose of the testing.
4. The patient has been duly and thoroughly counseled about the test and has received all the advice necessary to provide their informed consent, including the benefits, risks, and limitations of the Adventia test.
5. I have answered all the patient's queries about the Adventia test.
6. This form has been completed according to the wishes and instructions of the patients.
7. I have obtained the patient's informed consent and have attested their signature.

HEALTHCARE PROVIDER SIGNATURE	DATE

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PATIENT INFORMED CONSENT FORM

ADVENTIA TEST

Adventia analyses genetic changes in your DNA. Adventia is designed to determine whether you carry genetic changes that could cause moderate to severe genetic conditions when transmitted to your children. For most conditions on the panel, both parents must carry the genetic change in the same gene for their children to be affected (autosomal recessive). However, there are certain conditions for which only the mother needs to carry a genetic change for her children to be at risk of developing symptoms (X-linked). Different technologies are used to perform the Adventia test, depending on the selected test option.

SAMPLE COLLECTION

Your healthcare provider will take two cheek swab samples following the provided sample collection instructions and send it to Medicover Genetics laboratories for analysis. Occasionally, additional sample may be needed if there is a shipping delay, breakage of the sample collection device, sample degradation, sample contamination, inadequate sample or if the sample has been submitted incorrectly.

RESULT INTERPRETATION

The results are communicated within approximately 2-3 weeks directly to your healthcare provider. The healthcare provider ordering this test is responsible to understand the specific uses and limitations of the test, communicate this information to you and answer any questions you may have. The following describes the possible results from the test:

Clinically significant variant detected: A clinically significant variant (change) indicates that a pathogenic or likely pathogenic genetic variant has been identified in one of the tested genes, and that you are a carrier of the associated disorder. You may be identified as a carrier for more than one disorder. Carriers usually do not experience symptoms of the disease. A 'clinically significant variant detected' result may also indicate the presence of two disease-causing mutations in the same gene, which would typically indicate that you are affected now or may be affected in the future. However, some of the disorders in this panel may be moderate or may vary in severity, so you may not experience clinically significant symptoms.

No clinically significant variant detected: A 'no clinically significant variant detected' result indicates that no disease-causing genetic variant has been identified for the test performed. A 'no clinically significant variant detected' result does not rule out any pathogenic variants in areas not assessed by the test, or in regions that were covered at a level too low to be assessed. A result of 'no clinically significant variant' does not guarantee that the individual is not a carrier.

Result interpretation is based on currently available information in the medical literature, research and scientific databases. Because the literature, medical and scientific knowledge are constantly changing, new information that becomes available in the future may replace or add to the information currently known.

DISCLOSURE

Medicover Genetics is a fully accredited state of the art genetic testing laboratory. All necessary measures are taken to perform the testing reliably and under strict standards. Adventia is highly accurate, however, there is a small possibility for false positive, false negative or inconclusive results due to technical and biological reasons. Although rare, these reasons include but are not limited to: mislabeled samples, inaccurate reporting of clinical/medical information, rare technical errors, or other rare events such as the presence of change(s) in such a small percentage of cells that the change(s) may not be detectable by the test (mosaicism). The analysis is specific only for the tests ordered. This test will not detect all genetic changes in the evaluated genes. Some undetected genetic changes could be disease-related and are not tested by Adventia. Genetic testing is an important part of the diagnostic process. However, genetic tests may not always give a definitive answer. In some cases, testing may not identify a genetic change even though one exists. This may be due to limitations in current medical knowledge or testing technology. Accurate interpretation of test results is dependent upon the patient's clinical diagnosis or family history, as well as the fact that any reported family relationships are true biological relationships. This test does not have the ability to detect all the long-term medical risks. Other diagnostic tests may still be necessary.

BENEFITS

Your genetic test results may help you and your healthcare provider make informed choices about your family planning, healthcare and management. The results of genetic testing may have implication on other blood relatives. It is recommended that you receive genetic counseling before and after having this genetic test.

QUALITY IMPROVEMENT

Please choose the relevant option on the consent form to grant us permission to anonymously use your remaining sample to improve the quality, accuracy and effectiveness of Adventia.

Please make sure you read and understand the information on this document before signing and complete all relevant information accurately as incorrect information can lead to inaccurate test results. Please discuss any questions you may have with your healthcare provider. For additional information please visit our website at ***www.medicover-genetics.com****.*

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PATIENT PRIVACY SUMMARY

This privacy notice provides a summary of how Medicover Genetics Limited collects and processes your personal data with this form. It is important that you read this privacy notice together with our full privacy policy which contains more detailed information about our data processing. A copy is available online at www.medicover-genetics.com

1. Important information and who we are

Medicover Genetics is responsible for processing the personal data collected on this form.

We have appointed a data protection officer (DPO). If you have any questions about this privacy notice or our data protection practices, please contact the DPO.

CONTACT DETAILS

Full name of legal entity: Medicover Genetics Limited (HE 418406)

Email address: dpo.cy@medicover.com

Postal address: 31 Neas Engomis Street, 2409 Engomi, Nicosia, Cyprus

Telephone number: + (357) 22266888

2. The data we collect about you

We collect, use, store and transfer personal data about you as follows:

- Identity Data.
- Contact Data.
- Sensitive data (ethnicity, patient genetic sex, medical/clinical data).

3. How we use your personal data

We will only use your personal data for the purpose for which we collected it. This includes the following:

- To register you as a new customer.
- To conduct your selected test and to process and deliver your results.
- To manage your relationship with us.
- To contact you on your results or for consultation purposes.
- To invoice the referring healthcare provider.

4. How we share your personal data

We share your personal data with your referring healthcare provider, so we can notify the results of your test to them.

We may also share your personal data with cloud service providers, as we store certain information online.

5. International transfers

We do not transfer, store or process your personal data outside the European Economic Area (EEA) unless you or your referring healthcare provider are located outside the EEA.

6. Your legal rights

Under certain circumstances, you have rights under data protection laws in relation to your personal data including the right to receive a copy of the personal data we hold about you, the right to erasure ('right to be forgotten'), the right to restriction of processing and the right to make a complaint at any time to the Office of the Commissioner for Personal Data Protection.

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