TEST REQUISITION FORM

Blueprint Genetics

This requisition form, and consent forms in other languages, can be printed from **www.blueprintgenetics.com**

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CLIA# 99D2092375

Promotion/Contract Code: .....

See test codes and detailed desciptions on tests and analysis types on **www.blueprintgenetics.com**

REQUIRED FIELDS ARE MARKED WITH AN ASTERISK (*)

***TEST CODE** | | | | | | |

Free text area

Test Name: | **Sample Collection Date:**

*** Analysis Type:** ☐ Sequence Analysis ☐ Del/Dup Analysis ☐ Plus Analysis ☐ FMT Test

Sample Type: ☐ Blood ☐ Saliva ☐ DNA, source:

ORDERING HEALTH CARE PROFESSIONAL INFORMATION

*** Name and Full Address:**	**Institution:**
	*** Email:**
	NPI# (US only):
	Phone: / **Fax:**

☐ **Mail Results** ☐ **Fax Results** Results will always be available on our online reporting system at nucleus.blueprintgenetics.com

SHARE RESULTS WITH

Name:		**Role/Title:**	
Email:		**Street Address:**	
City:	**State:**	**Zip/Post Code:**	**Country:**
Phone:	**Fax:**	☐ **Fax Results**	☐ **Mail Results**

PATIENT INFORMATION

*** First Name:**	*** Last Name:**	*** DOB:**	**MRN/SSN:**
Street Address:			
City:	**State:**	**Zip/Post Code:**	**Country:**
Phone:	**Email:**		

PATIENT HISTORY

*** Sex:** ☐ Male ☐ Female ☐ Unknown | **Ethnicity:** | *** ICD-10 Codes:** (for patient insurance – US only)

*** Indication for Testing:** ☐ Diagnosis ☐ Pre-approved VUS Clarification Service ☐ Family History ☐ Other:

Has the Patient Died? ☐ Yes ☐ No | **Hospital Status:** ☐ Inpatient ☐ Outpatient ☐ Non-hospital patient

*** Has the Patient Had a Bone Marrow Transplant?** ☐ Yes ☐ No

*** Has the Patient Received Granulocyte Transfusions in the Past Two Weeks?** ☐ Yes ☐ No

*** Describe the Most Relevant Clinical Findings Supporting the Diagnosis** (attach possible supportive material such as ECG):

Family History (attach pedigree if available): | **Previous Genetic Testing Results:**

FMT TEST INFORMATION

When ordering a family member test, fill in the following information:			
☐ **Sanger 1 Mutation**	* Gene and Mutation 1:		**Is the family member considered healthy and unaffected?** If not, describe the clinical findings: *
☐ **Sanger 2 Mutations**	Gene and Mutation 2:		
☐ **Sanger 3 Mutations**	Gene and Mutation 3:		
Name of Index:		*** Index Order ID:**	*** Relationship to Index:**
*If the index case is not tested at Blueprint Genetics, please provide DNA sample from known carrier (positive control to ensure high quality mutation analysis)			

BILLING INFORMATION *

☐ **INSURANCE BILLING** Include copy of both sides of the insurance card. The insurance provider may request a letter of medical necessity after submission of the claim.	☐ **INSTITUTIONAL BILLING**		☐ **PATIENT PAYMENT**	
	Facility Name:		☐ **Check** (Payable to Blueprint Genetics) ☐ **PayPal** ☐ **Bank Transfer** ☐ **Credit Card**	
Insurance Company:	**Street Address:**			
Insurance ID #:				
Group #:	**City:**	**State:**	**Card Number:**	
Patient Relation to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other	**Zip code:**	**Country:**	**Expiration Date:**	**CVC:**
	Contact Person:		**Name:**	
Policy Holder Name:	**Phone:**		**Amount:**	
Policy Holder DOB:	**Fax:**	**Email:**		

INFORMED CONSENT (available on blueprintgenetics.com in other languages)

I confirm that the information below has been explained to me concerning the test:

1. The results of this test may show that I and/or my family members have an inherited disease or are at an increased risk of being affected by a genetic disease. I understand that this test may detect previously unrecognized biological relationships, such as non-paternity.
2. I am aware that the results of this test might be inconclusive about my genetic status. While some genetic variants are known to be disease-causing and others are known to be benign, a portion of genetic variants found are of uncertain significance. Depending on the results of this test, my physician may recommend genetic counseling or further testing of myself and/or my family members.
3. I understand that an anonymized summary of results from this test may be presented, for example, at meetings, in scientific publications, and/or in DNA-variant databases in order to improve the understanding, diagnostics, and treatment of similar clinical conditions. No personal identifying information will ever be presented with the results.
4. If I have selected the patient insurance billing option, I authorize my health plan or insurance provider to pay my insurance benefits directly to Blueprint Genetics. I authorize Blueprint Genetics to release information concerning my testing to my insurer. I understand that I am legally responsible for sending Blueprint Genetics any money received from my insurance company for performance of this genetic test. If my insurance does not cover these services or only covers part of the amount, I am responsible for any remaining costs of this test.
5. I am aware that not consenting to any of the sections to follow will not in any way affect my further treatment. If no box is checked in a section, it is assumed that no consent is given.
6. **Separate consent for sample storage at Blueprint Genetics for 3 years for the purposes of family member testing.** By checking the relevant box below I give my consent to the 3-year storage of the DNA sample in the diagnostic laboratory of Blueprint Genetics for the purposes of family member testing. Without this permission the sample will be stored approximately for 12 months.

   ☐ **I give my consent to the 3-year storage of the sample for family member testing.**

   ☐ **I do not give my consent to the 3-year storage of the sample family member testing.**
7. **Separate consent for research use and long-term storage.** By checking the relevant box below, I give my consent to the long-term storage of the DNA sample in the diagnostic laboratory of Blueprint Genetics (without separate consent for long-term storage the DNA samples are typically stored for approximately 24 months) for use of the DNA sample in research into hereditary Mendelian diseases and the efforts to improve the diagnostics and treatment of said diseases. The research data pertaining to me will be treated as confidential information and coded in such a way that my identity cannot be discovered without the key code in the possession of the Blueprint Genetics research physician. Where necessary, such coded research data may also be processed and released for use by another research group or a company participating in the study. I hereby give my consent to the use of the aforementioned research data for the purposes described in this consent. The data will be preserved for 50 years. I understand that consenting to the research use of the sample taken for diagnostic purposes is voluntary and that I may cancel this consent and withdraw my participation at any time prior to the completion of the study. I am aware that the data collected up to the date of my withdrawal will be used as part of the research material. My refusal to take part in or my decision to withdraw from the research project will not in any way affect my further treatment.

Check one of the following two boxes:

☐ **I give my consent to the research use and long-term storage of the sample as described in Section 7 above.**

☐ **I do not give my consent to the research use and long-term storage of the sample as described in Section 7 above.**

☐ **I give Blueprint Genetics permission to contact me about further genetic research and/or other genetic services relevant to me in the future. I may withdraw from such contact at any time.**

PATIENT SIGNATURE Patient or Legal Representative	By signing this form, I acknowledge that I have read the Informed Consent and understand its content. I have had the opportunity to ask questions about this form and my questions have been answered.	
	*** Signature:**	*** Date:**

ORDERING HEALTH CARE PROFESSIONAL SIGNATURE	I have discussed the Informed Consent with the patient or their legal guardian and obtained any other consent from the patient that is required under the laws of my country/state and/or federal laws. I certify that the test ordered is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome, or disorder. The results of this test will be used in the medical management of the patient and/or genetic counseling of the patient and family member(s). I have read and understood the General Terms of Service on page 3.	
	*** Signature:**	*** Date:**

GENERAL TERMS

December 1, 2016

Blueprint Genetics

1. PURPOSE AND SCOPE

These general terms are applied to all services (the "Services") provided by Blueprint Genetics Oy, Blueprint Genetics Inc. and Blueprint Genetics Canada Inc. (each hereafter the "Supplier" and "Group Company"). These general terms, complemented by the information in the order form or other customer agreement, form the entire agreement concerning the Services (the "Agreement"). If the test is ordered from Canada, this Agreement is entered with Blueprint Genetics Canada Inc. If the test is ordered from elsewhere in North America or South America, this Agreement is entered with Blueprint Genetics Inc. If the test is ordered from elsewhere in the world, this Agreement is entered with Blueprint Genetics Oy. The Services are only provided to hospitals and medical professionals. Blueprint Genetics does not offer any Services directly to patients or other individuals and reserves the right to reject any orders if the Customer is unable to provide appropriate credentials. The Services provided under this Agreement and the related pricing information and service descriptions are set out on the Supplier's website and are available through the Supplier's customer support. The Supplier may amend the specifications, these general terms and the list of prices from time to time by posting new versions on its website.

2. ORDERING

The Customer orders the Services either by using the Supplier's online service and following the instructions contained in the online service, or by a paper order form and following the instructions given in the form. Orders are valid only after the Supplier has confirmed the order. The Supplier reserves the right to refuse any orders submitted.

3. OBLIGATIONS OF THE CUSTOMER

The Customer shall be responsible for:
(i) Complying with all applicable laws and regulations and ensuring that it only provides such information and samples to the Supplier that the Customer has the right to provide and the Supplier right to process;
(ii) Ensuring, if a fax number is provided in the study request, that the faxed results are handled in accordance with the HIPAA Privacy Rule and that no unauthorized persons have access to the fax machine;
(iii) Following the instructions of the Supplier's online system or order form, as applicable, to input the required information;
(iv) Ensuring that the quality and quantity of the sample is sufficient in order to perform the tests and if the patient has received bone marrow transplant it is clearly mentioned in the test requisition;
(v) Ensuring that samples are packed and transported in an appropriate manner, or, if the full service option is ordered, that the samples are handed over for transportation in an appropriate manner;
(vi) All medical advice given to the patient, and ensuring that the patient and other parties to whom the information is disclosed understands the nature of the information provided through genetic testing and the inherent limitations thereof;
(vii) Ensuring that only authorized person(s) have access codes to the Supplier's online service and informing the Supplier of any changes thereto; and
(viii) Ensuring that any information concerning limiting or canceling the Informed Consent is promptly delivered to the Supplier.

4. OBLIGATIONS OF THE SUPPLIER

The Supplier shall be responsible for:
(i) Providing the Services in accordance with these general terms, the Supplier's methodology, service descriptions and product descriptions and such degree of skill and care that is ordinarily exercised under similar circumstances by reputable professionals;
(ii) Complying with all applicable laws and regulations; and
(iii) Delivering the results of the Services through the Supplier's online service, or if so ordered, by regular post and / or fax to the Customer's address, in the form and manner specified in the service descriptions.

5. DELIVERY OF RESULTS

The Supplier will endeavour to perform the Services and make the results available within 21 days from the receipt of the sample, assuming that the purchase is confirmed. While the Supplier will endeavour to submit the results at the first possibility, it cannot take responsibility for delay of the results due to unforeseen events. The Supplier will typically communicate delivery delay if the results are not available in 28 days from the receipt of the sample. Certain national holidays will postpone the availability of results one day when the national holiday occurs during 21 days from sample reception. These national holidays are: (i) Christmas Eve (Dec 24), Christmas Day (Dec 25), Boxing Day (Dec 26), New Year's Day (Jan 1), Epiphany (Jan 6), The Good Friday (variable) and Easter Monday (variable). If the national holiday occurs on Saturday or Sunday, the availability of results will not be postponed.

Notwithstanding the aforementioned, for Exome products, the Supplier will endeavour to make the results available of within 63 days from the receipt of the sample, assuming that the purchase is confirmed, and the Supplier will communicate delivery delay if the Exome results are not available in 70 days from the receipt of the sample. National holidays listed above will postpone the availability of Exome results by one day when the national holiday occurs during 63 days from sample reception.

6. PRICES

The Supplier shall invoice for the Services after the results have been made available in the Supplier's online service or sent to the Customer in accordance with the Supplier's price list in force at the time when the order was made. The terms of payment are 14 days net from the date of delivery or the date of invoice, whichever is later. Interest on delayed payments accrues in accordance with the Interest Act. VAT and other indirect taxes will be added in accordance with the regulations in force from time to time.

7. STORING OF THE SAMPLES

Unless otherwise required by applicable laws, the Supplier will store samples for a period of twelve (12) months after the test has been conducted in order to enable any verifications which may be requested by the Customer. If the patient has given his consent for the extended storage of the samples, the Supplier may store the samples for a longer period of time.

8. THE CONNECTING CLINICIANS -PROGRAM

The Supplier may, as a part of its online services, facilitate communication between clinicians interested in same inherited disorders as a part of its "Connecting Clinicians" -program. This is done by sharing contact information of clinicians who have similar professional interests, either as indicated by their use of the Services or by information provided by such clinicians. The Customer agrees to notify the Supplier in writing if it chooses to opt out of this program. Also individual clinicians may opt out of the program at any time.
As a part of the program the Supplier will only help in establishing the initial communication link between clinicians who have similar professional interests. Any information exchange will take place at the discretion of, and directly between, the clinicians. The Supplier will not participate in or monitor the information exchange.
The participating clinicians are solely responsible for any information which they may choose to exchange, as well as any actions taken on the basis of such information. The Supplier does not give any warranties or accept any responsibility for any information exchanged.

9. DISCLAIMER; LIMITATION OF LIABILITY

The Supplier only gives the representations and warranties expressly set out in this Agreement. No other warranties are given or implied. Specifically, and without limiting the generality of the foregoing, the Supplier does not give any warranties as to the accuracy of any results contained in any reports generated by the Services. The Customer acknowledges that it understands the nature of the information provided through genetic testing and that the accuracy of the tests is less than 100 %. The Supplier shall compensate for all damages that it has caused to the Customer through grossly negligent conduct or willful misconduct. The Supplier shall compensate for all damages that it has caused to the patient only if and to the extent so required under a mandatory provision of the applicable law. Otherwise, and to the fullest extent possible under the applicable law, the Supplier shall not be liable for any direct, consequential, indirect or any other damages arising out of the Services or use of the results generated as a result of the Services. In no case shall the liability of the Supplier exceed the amount paid by the Customer for the particular Service. All claims shall be submitted within six (6) months from issue of the test results, otherwise the claim is deemed to be expired.

10. SUBCONTRACTING

The Supplier may subcontract its obligations under this Agreement.
The Supplier will be liable for the work of its subcontractors.

11. FORCE MAJEURE

Neither Party shall be liable for delays and damages caused by an impediment beyond its control, which it could not have reasonably taken into account at the time of the conclusion of the Agreement, and whose consequences it could not reasonably have avoided or overcome. A force majeure event suffered by a subcontractor of a Party shall also discharge such Party from liability, if subcontracting from other source cannot be made without unreasonable costs or loss of time. Either Party shall without delay inform the other Party of a force majeure event in writing.

12. OTHER PROVISIONS

All changes and amendments to this Agreement shall be agreed in writing in order to be valid.
In case any provision of this Agreement would be held invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions hereof will not in any way be affected or impaired thereby. Upon such determination that any provision of this Agreement is invalid, illegal or unenforceable, the Parties shall negotiate in good faith to modify this Agreement, so as to effect the original intent of the Parties as closely as possible. Neither Party may assign this Agreement without the written consent of the other Party except in connection with the assignment or transfer of the related business operations. The Supplier shall, however, be entitled to assign its obligations to any Group Company and its receivables under this Agreement to a third party.

13. APPLICABLE LAW AND DISPUTE RESOLUTION

This Agreement shall be governed by the laws of Finland, excluding the application of its conflict of laws rules and principles which would require the application of the laws of any other jurisdiction. All disputes arising out of this Agreement or the Services shall be resolved in the district court of Helsinki, Finland.