



RESONATE PROGRAM: SPONSORED GENETIC TESTING UNITED STATES INFORMED CONSENT

Thank you for requesting genetic testing from Blueprint Genetics (we). This consent form includes essential information about your genetic test and is designed to help you to make important decisions impacting you and your family. Please go through this form carefully with your healthcare provider or genetic counselor.

This Resonate™ program is sponsored by Akouos, Inc. (Akouos) and is provided at no cost to you, your healthcare provider, or your healthcare insurer or payer. The costs of this test are covered by Akouos. Participation in this testing program does not impose any obligation on you or your healthcare provider to use or prescribe any Akouos products or services. We may share certain parts of your deidentified data, that is data that do not include information that could identify you, with Akouos, as explained on page 4 of this document.

PLEASE RETURN THE SIGNATURE PAGE OF THIS FORM TO BLUEPRINT GENETICS.

Purpose

The goal of this test is to provide information that may be helpful to you and your healthcare provider to understand more about your hearing loss. It is also to provide information to Akouos, who is developing potential therapies for hearing disorders.

About this genetic test

This test analyzes selected genes that may cause hearing loss. Hereditary hearing loss can be caused by a large number of different genetic variants (changes). Common symptoms range from mild hearing loss in one or both ears to complete deafness. More information on genetic forms of hearing loss, this test, and its exact target genes is available from your healthcare provider and can also be found at <https://blueprintgenetics.com/tests/panels/ear-nose-throat>.

This test requires a blood or saliva sample from you. The sample will be collected by your healthcare provider and sent to Blueprint Genetics where it will be tested. Blueprint Genetics will generate a report from the testing that will be given to your healthcare provider to discuss with you.

Our testing process produces more data about you than is provided in your genetic testing report. You have the right to access all genetic data we hold about you. More information about your rights can be found on page 3 of this document.

The optional genetic counseling through Blueprint Genetics by InformedDNA is available to you after the test, as part of the testing program, to help you understand the results and is provided at no cost to you, your healthcare provider, or your healthcare insurer or payer. Please ask your healthcare provider for more information.

Remember: Participating in this Sponsored Genetic Testing Program is voluntary and does not impose any obligation on you to use any items or services provided by Blueprint Genetics or Akouos. You have the right to decide whether you want to participate in this program or not.



Meaning of the results

The results from your genetic test may be:

Diagnostic (positive), meaning that	Inconclusive, meaning that	Negative, meaning that
<ul style="list-style-type: none"> ● We have detected a genetic change that may be connected to your hearing loss ● You may have an increased risk of developing a genetic hearing loss in the future ● You may be a carrier for a genetic change linked to hearing loss ● The results may have implications also for your family members 	<ul style="list-style-type: none"> ● We have detected a genetic change, but it is currently unknown whether the change is linked to your hearing loss ● Advances in science and technology may later show the change to be harmless or linked to your hearing loss ● More testing, including testing of your family members, may help to clarify the results 	<ul style="list-style-type: none"> ● We have not detected any hearing loss-associated genetic changes with the test performed ● More testing may be helpful to you

Our test reports are written for medical professionals and may contain complex language. Your test results will be sent to your healthcare provider and, if you choose genetic counseling, the genetic counselor. Please ask your healthcare provider and/or the optional genetic counselor to help explain the results. Depending on the results, further testing for you or your family members may be recommended.

Future scientific discoveries may alter the meaning of your test result

While we always look at your genetic variants (changes) against the latest scientific evidence, the field of genetics research keeps evolving rapidly. In the future, new scientific evidence may prompt us to provide an updated testing report on the results of your test to your healthcare provider, which may alter your diagnosis.

If your results are inconclusive, your healthcare provider may ask us to reanalyze your data later, in which case your test results may be better understood at that time. We encourage you to discuss with your healthcare provider beforehand whether you wish to be informed of any reanalyzed results.

The test may reveal incidental and undesired information about you and your family

There is a possibility that your test might unexpectedly reveal something that is not directly related to the reason for ordering your test and/or something you did not want to know. Such information might include, for example:

- Previously unknown biological relationships; for instance, you might be adopted
- Risk for developing additional, non-hearing related symptoms that you are unaware of
- Difference in the number or rearrangement of sex chromosomes

This unexpected additional information may have significant psychological and/or social implications. If you have concerns about this risk, we encourage you to discuss this with your healthcare provider and family before taking the test. We may report such incidental information to your healthcare provider, if it is likely to impact your further testing or medical care.

Some genetic information can help predict future health problems of you and your family. A federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. However, it does not protect you against discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.



Test limitations

The accuracy of genetic testing is less than 100% and has some limitations. The test may not detect certain genetic changes that are difficult to detect with our current testing methods. The test does not detect changes located outside of the test's target genes. Sample quality and other aspects of the testing process may affect the results.

The test aims to find a genetic explanation for your hearing loss. Therefore, it is important that we receive health-related information such as your symptoms, age of onset of hearing loss, previous tests, and family history with respect to any similar disorders. Having enough of this information will help us to interpret your results, while too little of this information may result in inconclusive test results.

Privacy and Data Protection

We perform the genetic test and process your personal data based on your consent. Your personal data has been provided to us by your healthcare facility.

To participate in the Sponsored Hearing Loss Testing Program at Blueprint Genetics, you consent to the following:

- You consent to the collection of your biological sample for the genetic testing specified above to be performed, and for information about this genetic testing, including test results, to be disclosed to your healthcare provider and, if you choose the optional genetic counseling, to your genetic counselor, as described in this form.
- Your biological sample and relevant health information selected by your healthcare provider will be shared with Blueprint Genetics, and the test results and your personal data may be processed and stored by Blueprint Genetics and your healthcare provider.
- An anonymized summary of your results may be presented (with all identifiers removed), for example at meetings, scientific publications, and/or databases, in order to improve the understanding of hearing loss. No information will be presented that can identify you.
- Blueprint Genetics may share your healthcare provider's name and contact information and your deidentified information with Akouos, as explained below.
- Blueprint Genetics may use your sample and health-related information internally, to improve the understanding of genetics behind hearing loss, as explained below.

After your testing has been completed, we will send the test results to your healthcare provider and, if you choose genetic counseling, the genetic counselor through our secure online system. **Unless otherwise authorized by you explicitly in writing, we will not share your personally identifiable information with anyone else.**

We use a number of safeguards to secure your information. These include the masking and encryption of personal data, regular privacy training for our staff, physical security measures, third-party audits, and regularly testing the effectiveness of our data security program. In spite of these safeguards, there is a small chance that someone unauthorized could gain access to your information.

You can exercise your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable privacy laws by contacting us. We also apply the EU Regulation 2016/679, which gives you the rights to request access to, rectify or erase your personal data, to limit or oppose the processing of your personal data and the right to data portability.

Should you have any questions or concerns regarding privacy at Blueprint Genetics, you can contact us at privacy@blueprintgenetics.com.



Information we may share with Akouos

Information	Example
Your healthcare provider's name and contact information	John Smith, MD, Big City Medical Center, john.smith@work-email.com; 555-123-1234
Your clinical diagnosis or diagnoses	Congenital hearing loss
Year of birth	2005
Your sex	Male/female/other
Your genetic test results	- Gene(s) associated or potentially associated with your hearing loss - Genes that may affect the therapy or management of your hearing loss - Medically relevant variants (mutations) in those genes

We will **not** share your name, contact information, raw genetic information, or any other identifiable information with any third parties (including Akouos) without your separate prior written consent.

What will the shared information be used for?

Akouos, or Blueprint Genetics on behalf of Akouos, may contact your healthcare provider regarding clinical trials and other ethically approved research studies.

In addition, Akouos may use your deidentified information to guide the research and development of new potential treatments for hearing loss.

Consent for Blueprint Genetics to use your sample for research and long-term storage

If you separately consent below, in addition to providing your genetic testing report, we may use your sample and information internally to improve understanding of the genetics behind hearing loss. By signing this section of the consent form, you give us permission for the long-term storage of your DNA sample in the diagnostic laboratory of Blueprint Genetics and for the subsequent use of the DNA sample and the related information in the following activities:

- Scientific research to improve diagnostics and treatment of genetic hearing loss

The research data concerning you will be treated confidentially and coded in such a way that your identity cannot be discovered without the key code held by the Blueprint Genetics research physician. Your sample and the related data will be kept for up to 50 years. You do not have to consent to this research and storage option in order to participate in the sponsored testing program.

You may cancel your consent and withdraw your participation at any time by contacting Blueprint Customer Support at (650) 452-9340 or by email at support.us@blueprintgenetics.com. The data collected up to the date of your withdrawal will be used as described in this consent form, but will not be shared with Akouos after your withdrawal. Your refusal to take part in or withdraw from the research project will not in any way affect your further treatment.

This consent form will expire five years from the date of your signature below, and no new disclosures will be made after that date unless you sign a new consent form. You have the right to receive a copy of this completed form.



How Blueprint Genetics will not use your sample and information

- We will **not** sell your name or contact information.
- We will **not** sell your DNA, blood or saliva sample.
- We will **not** sell your clinical records.

SIGNATURE

Please sign below to confirm that:

- You have read this form and understand and agree to its content;
- You consent to the use of your sample and personal data as explained in this form;
- You have had the opportunity to ask questions about this form, and your questions have been answered;
- You understand that participation in this testing program does not impose any obligation on you to use any Akouos or Blueprint Genetics products or services;
- You understand that neither you nor your insurance will be billed for any tests or genetic counseling services;
- Neither you nor anyone acting on your behalf will submit any claims or requests for payment for the testing or genetic counseling received under this program to any insurance or third-party payer, including any federal healthcare programs like Medicare or Medicaid, or to any healthcare savings account or flexible spending account.

Please make sure to fill in ALL fields. If you consent on behalf of your child or another person, please make sure to clearly indicate your relationship to the patient.

SIGNATURE*:
PATIENT NAME*:
PATIENT DATE OF BIRTH*:
IF NOT SIGNED BY THE PATIENT, SIGNATORY NAME AND RELATIONSHIP TO PATIENT*: PARENT/LEGAL GUARDIAN OTHER, PLEASE SPECIFY
NAME:
SEPARATE CONSENT FOR RESEARCH USE AND LONG-TERM STORAGE: PLEASE CHECK THE APPROPRIATE BOX REGARDING YOUR WISH TO SEPARATELY CONSENT TO RESEARCH USE AND LONG-TERM STORAGE OF YOUR SAMPLES AND DATA: YES, I CONSENT NO, I DO NOT CONSENT

PLEASE RETURN THIS PAGE TO BLUEPRINT GENETICS

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