

CONFIRMATION AND INFORMED CONSENT OF PATIENT OR LEGAL GUARDIAN(S) ⁱ

By providing a ☒ yes response to paragraphs 1 to 9 below ⁱⁱ and by providing an ☒ yes response to paragraph 10 in respect of data processing and by signing this Consent Form, I/we the undersigned confirm and consent to Genseq performing genetic testing and processing of genetic data in the terms set out below:

- 1 The patient to whom this informed consent relates is _____ (insert name in block capitals).
- 2 I /we have received from my health practitionerⁱⁱⁱ /my child /our child's health practitioner all appropriate information concerning genetic testing and processing of genetic data, including indication(s), relevant cancer diagnosis, sub-type and stage, target genes for genomic profiling, purpose and scope, including information on secondary processing of raw genetic data by Roche and other third parties, risks, potential outcomes and implications of Comprehensive Genomic Profiling (CGP) of tumour tissue, and alternatives to CGP testing.
- 3 I /we have read or have had read to me/us the Onco CGP Patient Information Leaflet and understand the information provided to me/us in the information leaflet including the limitations of Onco CGP testing.
- 4 I /we have had an opportunity to ask questions of my/ my child/ our child's health practitioner in respect of the Onco CGP test and processing of genetic data.
- 5 I/we have received satisfactory answers to all my/our questions from my/my child /our child's health practitioner.
- 6 I /we have read or have had read to me/us the Test Request Form and confirm that the information provided in the Test Request Form is correct and complete.
- 7 I/we consent to the genetic testing and genomic profiling proposed by my/ my child/our child's health practitioner to be carried out by Genseq on my /my child /our child's biological sample(s) as ordered by my/my child /our child's health practitioner in the Test Request Form^{iv}.
- 8 I/we consent to Genseq issuing the report on my/my child/our child's CGP genetic test results to my/my child/our child's health practitioner(s) whose details are provided in the Test Request Form including those registered under the health practitioner's account with Genseq.
- 9 I/we consent to the disposal of my/my child /our child's residual tumour tissue sample (if any) after CGP genetic testing has been performed by Genseq.

I/we agree to the statements and confirm my/our consent to paragraphs 1-9 above ☐ Yes ☐ No

EXPLICIT CONSENT TO DATA PROCESSING

- 10 I/we give my/our explicit consent to the processing by my/my child /our child's health practitioner as controller (and Genseq on their behalf) of my/my child/our child's personal data including health and genetic data for the purpose of the provision of genetic testing and genomic processing services as described here (and in the Onco CGP Patient Information Leaflet) to include use of patient clinical history, sample receipt, processing, testing, genomic sequencing, reporting to and correspondence with my/my child/our child's health practitioner(s), retention, storage and disposal of samples, DNA and the processing of related patient payment and billing information. In particular, I/we understand any residual sample of Deoxyribonucleic acid (DNA) will be retained for such period as may be specified by my/my child/our child's health practitioner as controller of my/my child/our child's personal data or as required by law prior to disposal of any such retained DNA. I/we also give consent to the processing of my/our names as guardians in connection with the above. I/we understand that I/we have a right to withdraw my/our consent at any time and that to do so I/we will contact my/ my child / our child's health practitioner. I understand that giving my explicit consent is necessary to avail of the genetic testing and CGP. I understand that Roche Diagnostics Limited will retain certain anonymised patient data for its own purposes, which include furthering clinical and research understanding in cancer and its causes and treatments (including in relation to other individual patients).

☐ Yes

CONFIRMATION BY HEALTH PRACTITIONER

I the undersigned confirm:

- 1 I am the health practitioner under whose responsibility genetic testing and genomic profiling has been requested in respect of the patient named in the Test Request Form and the above Informed Consent and I owe a professional duty of confidentiality to the patient.
☐ Yes ☐ No
- 2 I have provided the patient/ the patient's legal guardian(s) where the patient is a child with all appropriate information concerning genetic testing and processing of genetic data, including indication(s), relevant cancer diagnosis, stage and target genes for genomic profiling, purpose and scope including information on the secondary genomic processing services provided by Roche and other third parties, risks, potential outcomes and implications of genetic testing and genomic profiling, and alternatives to genetic testing and genomic profiling and have provided a copy of the Onco CGP Patient Information Leaflet and have discussed the limitations of Onco CGP testing.
☐ Yes ☐ No
- 3 I have given the patient / the patient's legal guardian(s) where the patient is a child an opportunity to ask questions and confirm that I have answered all questions asked by the patient/ the patient's legal guardian(s).
☐ Yes ☐ No
- 4 I confirm that the patient / the patient's legal guardian(s) where the patient is a child has/have consented to the genetic test results being issued to the health practitioners whose details are provided in the Test Request Form including those registered under the health practitioner's account with Genseq.
☐ Yes ☐ No
- 5 I confirm that the patient / the patient's legal guardian(s) where the patient is a child has/have voluntarily given informed consent to genetic testing, genomic profiling and processing of genetic data in respect of the patient.
☐ Yes ☐ No

CONSENT TO ONCO CGP TEST



PATIENT		HEALTH PRACTITIONER	
<hr/>		<hr/>	
Patient (Full name - BLOCK LETTERS)		Health Practitioner (Full name - BLOCK LETTERS)	
X <hr/>		X <hr/>	
Patient (Signature)		Health Practitioner (Signature)	
Patient DOB (dd/mm/yyyy) <hr/>		Professional Registration Number: <hr/>	
<hr/>		<hr/>	
Date (dd/mm/yyyy) <hr/>		Date (dd/mm/yyyy) <hr/>	
<hr/>		<hr/>	
LEGAL GUARDIAN			
<hr/>		<hr/>	
Legal Guardian (1) (Full name - BLOCK LETTERS)		Legal Guardian (2) (Full name - BLOCK LETTERS)	
X <hr/>		X <hr/>	
Legal Guardian (1) (Signature)		Legal Guardian (2) (Signature)	
Date (dd/mm/yyyy) <hr/>		Date (dd/mm/yyyy) <hr/>	
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ⁱ This genetic testing consent form is for persons who are aged 16 years and over and have capacity to give informed consent to genetic testing, and by signing the consent form give informed consent to CGP genetic testing and genomic profiling. This consent form can also be used in the case of children (persons who are under the age of 16 or who are 16 years but not yet 18 years of age and lack capacity to consent) whose legal guardian(s) give informed consent on their behalf to undergo CGP genetic testing and genomic profiling. In this consent form where the patient is a child relying on the consent of his or her legal guardian(s), the form refers to the patient as "my child" where one guardian is giving informed consent or "our child" where both of the child's legal guardians give informed consent. The patient's name should be inserted in paragraph 1 and the appropriate deletions made in paragraphs 2 – 10.

ⁱⁱ Genseq will not be able to provide Genetic testing and comprehensive genomic profiling services and processing of genetic data where the consent form and/or confirmation by Health Practitioner is incomplete or where a negative answer has been given to any of the X boxes. Certain samples are only suitable for testing within a limited period of time and incomplete Test Request Form and / or Confirmation and Consent Form by Patient or Legal Guardian(s) and Health Practitioner will cause delay in testing and may mean that a new sample will be required when submitting the completed Test Request Form and / or Consent Form and Confirmation by Patient or Legal Guardian(s) and Health Practitioner.

ⁱⁱⁱ Under section 42 of the Disability Act 2005 (as amended) ("the 2005 Act") the informed consent of an individual undergoing genetic testing must be obtained prior to genetic testing and the processing of genetic data in compliance with the 2005 Act and GDPR. Under Irish law a health practitioner is a registered medical practitioner, dentist, pharmacist, nurse, midwife, optometrist, optician, or a registrant of a profession designated under the Health and Social Care Professionals Act 2005 (as amended) which includes registered psychologists and psychotherapists. See www.coru.ie for the full list of designated professions. In the informed consent and confirmation by Health Practitioner references to health practitioner are to a registrant of one of the designated professions or to a person who is subject to an equivalent duty of confidentiality to the individual whose health or genetic data is to be processed.

^{iv} The Test Request Form contains important information relevant to patient consent. The Test Request Form is completed by the patient's health practitioner and provides Genseq with relevant patient and sample information. Genseq relies on the adequacy and accuracy of the information provided by the health practitioner in the Test Request Form. Genseq performs comprehensive genomic profiling of tumour tissue and issues a report on the test to the patient's health practitioner(s) whose contact details are set out in the Test Request Form including those registered under the health practitioner's account. By signing the consent form and providing data protection consent, the patient or the patient's legal guardian(s), as applicable, consent to Genseq performing the Onco CGP as specified in the Test Request Form and to Genseq issuing the report on the test(s) result(s) to the health practitioner(s) whose contact details are provided in the Test Request Form including those registered under the health practitioner's account. Genseq allows access to the test results via its online portal to the patient's health practitioners including those registered under the patient's health practitioner's account with Genseq.

Last Updated: 6th November 2025