

Informed Consent for Noninvasive Prenatal Testing

I, _____, First and Last Name, hereby request genetic noninvasive prenatal testing by targeted genome counting.

I have received verbal and written information (including from the Sema4 Noninvasive Prenatal Select Patient Brochure and sema4.com/products/test-catalog/noninvasive-prenatal-select) from my physician, genetic counselor, and/or other healthcare provider that described the nature of the testing that I am about to undergo in words that I understood.

I understand that a peripheral blood specimen will be taken from me. I understand that the sample will be used for determining whether my pregnancy is at risk for a chromosomal abnormality such as too many or too few copies (this is called an "aneuploidy") of certain chromosomes (chromosomes 21, 18, 13, 16, 22, 15 as well as sex chromosomes X and Y). **The complete test will reveal the sex of my fetus; if I am having a portion of the test, I will need to opt-out of learning the sex of my fetus if I do not wish to have that information.** It can also test for microdeletions of the following chromosomes: 22q11.2, 1p36, 15q11.2-q13, 4p16, 5p15, 11q23, and 8q24 if ordered by my physician.

The nature of the noninvasive prenatal testing options available to me have been explained to me, including details regarding the accuracy of the test, its risks and limitations, and the intended timing for performing this test during my pregnancy. I understand that a tube of my blood will be analyzed by the Mount Sinai Genomics, Inc. DBA Sema4 ("Sema4") laboratory using the targeted genome counting method of high-throughput, next-generation sequencing.

I understand that, like all tests, this test has limitations. It can only detect the specific chromosomal abnormalities tested. I understand that this is a screening test and that no irreversible action should be taken based on the results of this test alone. In the event of a positive result, a prenatal diagnostic test such as chorionic villus sampling or amniocentesis is recommended to confirm the result. Normal test results do not eliminate the possibility that my pregnancy may have other chromosomal abnormalities, birth defects, or other conditions, such as open neural tube defects. A normal result does not guarantee a healthy pregnancy or baby. This test does not test my health. I understand that although this screening test will detect the vast majority of cases of the chromosomal abnormalities tested, it cannot detect 100% of these disorders. The chromosomal abnormality being tested for may be present even if I receive a negative result—this is called a "false negative". It is also possible to receive a positive result for a chromosomal abnormality even though it is not actually present—this is called a "false positive". In the event of a positive result, a prenatal diagnostic test such as chorionic villus sampling or amniocentesis is recommended to confirm the result. I understand that this testing may yield incidental findings in my blood that reflects an abnormality finding in me and not in my fetus.

No test will be performed on my sample other than the one(s) authorized by this consent and my doctor. I understand that this testing may yield results that are of unknown clinical significance and that parental and/or other relative's specimens may also be tested or requested to determine whether a specific finding is inherited. In addition, incidental findings that are not related to the primary diagnosis may be identified in me. An error in the diagnosis may occur if the true biological relationships of the family members involved in this study are not as I have stated.

De-identified research

Sema4 may also give the de-identified information to its research partners and may submit this de-identified information to research databases for use in scientific and medical research, including scientific databases that are maintained by the federal government, such as a database kept by the



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National Institutes of Health ("NIH") (an agency of the federal government that funds research). Researchers have to apply to the NIH to see the information in the database. Any information that could directly identify you (such your name or address) will not be provided to a scientific database. If I prefer not to have any of my de-identified health information used in research consistent with this consent, I may initial here _____ or request this by contacting Sema4, including by emailing privacy@sema4.com.

Permission to contact

I understand that Sema4 may wish to contact me in the future, including for the following reasons: research purposes, the provision of general information about research findings, and/or the provision of information about the results of tests on my sample(s). I understand that I may notify Sema4 to opt out of such future contact, including by emailing privacy@sema4.com.

The results of my test will be explained to me by a genetic counselor or by my physician who will have the opportunity to discuss my results with a geneticist. I have had the opportunity to have all of my questions answered.

I understand that this consent is being obtained in order to protect my right to have all of my questions answered before testing. I understand that the results of this testing will become part of my medical record and may only be disclosed to individuals who have legal access to this record or to individuals who I designate to receive this information.

Sample storage

 Initials By initialing here, I agree that Sema4 may store, de-identify, and use my sample and information to support medical and academic research relating to health, disease prevention, drug development, and other scientific purposes, and that I will receive no compensation in connection with such research. If I do not initial here, my sample will be destroyed at the end of the testing process or not more than 60 days after collection. I understand that I may withdraw this consent by contacting Sema4 (including by emailing privacy@sema4.com).

Signature of person being tested
(or guardian)

Date

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