Consent Form for Genetic Testing

■ Reference Number	Chart Number

To be filled out by the testee

■ Testee	■ Name		■ Date of Birth	/ /
	Adddress			
	Telephone Number		■ Gender	☐ Male ☐ Female
Legal Representative	Name	(To be filled out if necessary)	Relationship with the Testee	
	Telephone Number	(To be filled out if necessary)		
Genetic Testing Institution	Name of Institution	Genomictree Inc.		
	Telephone Number	+82 – 1522 – 0474		
Genetic Testing	■ Purpose	[ ] 1. Genetic testing for the diagnosis and treatment of a disease [ ] 2. Genetic testing for predicting disease [ ] 3. Genetic testing for the prevention of a disease based on nutritional, lifestyle, and physical characteristics [ ] 4. Genetic testing for determination of genetic ancestry [ ] 5. Genetic testing for individual identification or paternity confirmation		
	Item	EarlyTect® Colon Cancer Auxiliary Diagnostic Test (SDC2 Gene Methylation Test)		
■ Requesting Institution (For Testing Purposes 1 and 2	■ Name of Medical Institution			
	■ Name of Requesting Physician			

In accordance with Article 51 of the Bioethics and Safety Act and Article 51 of the Enforcement Regulations of the same Act, I hereby attest that I have been given a full explanation of the purpose of the genetic test, the implications and limitations of the results, and have understood the above, and that I consent voluntarily.

■ 20 . .

■ Testee (Signature)

Legal Representative (To be filled out if necessary) (Signature)

■ Consultant (Signature)

※ For additional genetic tests of the same item and purpose, only the signature below can be added without a separate consent form.

20 . .

Testee (Signature)

Legal Representative (To be filled out if necessary) (Signature)

Consultant (Signature)

Notice

1. The results from this genetic test are stored for 10 years, and according to Article 52 Paragraph 2 of the Act, the results can be disclosed upon request of the testee or a legal representative.
2. Test materials that include personal information, and their records will be destroyed in accordance with the procedures stipulated by the law if the test items, etc., cannot be stored due to reasons such as closure of the genetic testing institution. However, at the request of the testee, test materials can be transferred to another testing institution or the Korea Disease Control and Prevention Agency during storage.
3. The genetic testing institution may not use, store, or provide the test materials and related information for any purpose other than their consented purpose. For remaining test materials to be used for research purposes, you must receive a sufficient and detailed explanation of the research purpose and field, the scope of information provided, etc. If you consent to it, then you must additionally fill out the consent form in Form No. 34 or Form No. 41.
4. The genetic testing institution or medical institution requesting the test must adequately describe the purpose and tested items of the genetic test to be performed on the testee, storage method of the test materials, method of consent withdrawal, the testee's rights, protection of personal information, details on the disposal or transfer of test materials and related records in the event of the institution's closure, storage period, management method, and the limitations of genetic test results.

※Attached Documents: If the legal representative signs the consent form, documentation certifying that the person is a legal representative is needed.

This test is an auxiliary diagnostic test for colon cancer, and corresponds to a "health checkup service at one's request" that is carried out based on voluntary consent without the confirmation of a separate condition that is suggestive of disease. Therefore, according to Article 41 Paragraph 4 of the National Health Insurance Act and Article 9 Paragraph 1 of the National Health Insurance Regulations on HealthCare Benefit Standards, Attached Form N-o. 2, Item 3 (a), this test falls under the category of a non-benefit item. I have been adequately informed of the above information, understand it completely, and consent tothe healthcheckup service ofmy own volition.

Genetic Test Request Form

To be filled out by the requesting institution

■ Test Item(s)	EarlyTect® Colon Cancer Auxiliary Diagnostic Test (SDC2 Gene Methylation Test)	Sample Type	Stool
■ Location of Requesting Institution			
■ Health Care Institution Number		■ Collection Date of Sample	/ /

In accordance with Article 50 Paragraph 3 of the Bioethics and Safety Act, the above genetic test is requested on the following date

■ Request Date 20 . .

■ Requesting Physician Name (Organization)

• Contact Email :

• Tel :

■ Language of Test Results

☐ Korean ☐ English ☐ Russian

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for Hospital