

Analysis Request Form

(Please fill in BLOCK letters)

RE-EVALUATION REQUEST

CLINICAL EXOME

WHOLE EXOME

WHOLE GENOME

Patient Information

LAST NAME _____

FIRST NAME _____

DATE OF BIRTH (DD.MM.YYYY) _____

GENDER MALE FEMALE OTHER

YOUR REFERENCE NUMBER _____

CLINICAL INFORMATION UNAFFECTED AFFECTED AGE OF MANIFESTATION _____ yrs _____ mths

FAMILY HISTORY CONSANGUINITY YES NO

AFFECTED SIBLINGS YES NO

CLINICAL SYMPTOMS (attach reports when available):

Family Information

FATHER UNAFFECTED AFFECTED (attach reports when available)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (DD.MM.YYYY) _____ YOUR REFERENCE NUMBER _____

MOTHER UNAFFECTED AFFECTED (attach reports when available)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (DD.MM.YYYY) _____ YOUR REFERENCE NUMBER _____

OTHER FAMILY MEMBER UNAFFECTED AFFECTED (attach reports when available)

RELATIONSHIP TO PATIENT _____

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (DD.MM.YYYY) _____ YOUR REFERENCE NUMBER _____

Pedigree

LEGEND

male
 female
 other
 affected
 unaffected

Analysis Request Form

Physician / Institution Information

PHYSICIAN FIRST NAME _____
PHYSICIAN LAST NAME _____
INSTITUTION _____
DEPARTMENT _____
STREET _____
TOWN/CITY _____
COUNTRY _____ ZIP CODE _____
PHONE _____
EMAIL (mandatory) _____

Billing Information

MIMAMSIA QUOTATION NR. _____

INVOICE RECIPIENT PATIENT PHYSICIAN
INVOICE ADDRESS SAME AS ABOVE DIFFERENT THAN ABOVE

INSTITUTION /FIRST NAME _____
DEPARTMENT /LAST NAME _____
STREET _____
TOWN/CITY _____
COUNTRY _____ ZIP CODE _____
VAT ID _____
PHONE _____
EMAIL (mandatory) _____

Authorization

I have been informed about the Mimamsia's terms and conditions for billing and the resulting costs for re-evaluation upon positive finding. I am also aware of the possibly applicable German 19% VAT.

PLACE, DATE _____ , _____

SIGNATURE OF THE PATIENT _____
(when billed directly to patient)

SIGNATURE OF THE PHYSICIAN _____

Nature of Relationship

Mimamsia is not a genetic testing laboratory. Mimamsia is a service provider utilizing genetic data generated elsewhere for re-evaluation and knowledge driven analysis in an ongoing repetitive manner. Mimamsia's proprietary patient centric algorithmic model improves the information yield from these genetic data. Mimamsia is not repeating genetic testing as we do not have access to biological material from patients.

This consent form is not defining the legal relationship between the undersigned and Mimamsia (Service Contract) but is meant to define and explain the services provided and relate it to patient expectations.

Mimamsia is an entity incorporated in Germany being subject to German law. Regarding the processing and treatment of private data, the German/European law belongs to the most restrictive worldwide.

Under German law, any patient sample and especially the information derived from this sample is the property of the tested person (patient) and he /she has full control on the information.

With this Consent and Authorization form, the undersigned is authorizing Mimamsia to approach the institution storing the genetic data derived from the patient sample (including samples from family members).

Test Purpose & Consent

Genetic tests as Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES) or Clinical Exome Sequencing (CES) reads a large number of genes simultaneously and are designed to identify genetic changes that may cause disease or other health related issues. The interpretation of this information is however subject to the knowledge of the testing institution on how the findings correlate with the underlying patient specific clinical symptoms. This knowledge base varies widely between the testing institutions for multiple reasons. Patients approaching Mimamsia usually did not receive a positive (disease explaining) diagnosis or are in doubt if the diagnosis they received, is correct.

Mimamsia has developed patient specific algorithms, which can be used to correlate at a given time the genetic data of a patient with globally existing data sets in order to finally confirm a diagnosis for the patient's disease. Depending on the availability of this ever-growing information the procedure is an ongoing "search" process that will be conducted until the final diagnosis has been reached and/or the contract between the parties is discontinued.

- I give my consent for one-time analysis of data.
- I give my consent to periodically analyze the data until the causative mutations underlying my clinical symptoms are identified. With this I also give consent to Mimamsia to contact me at a later time point with the findings.

Test Results

The quality of Mimamsia's findings will always be based on the quality of the underlying data it receives from the laboratory having generated the original genetic sequence profile.

Mimamsia is using solely computational means to qualify the already elsewhere generated patient data. With Mimamsia being subjected to German law, the results of genetic testing need to be communicated by a qualified physician to the patient.

The requested analysis may yield the following results:

Positive: A positive result indicates that genetic variant(s) has/ have been identified that explains the genetic disorder

Negative: A negative result indicates that no genetic variant has been identified that can explain the genetic disorder. This does not exclude the disease but could also reflect that the current state of information and associated knowledge is inadequate to explain the underlying symptoms.

Inconclusive/ Uncertain Significance: An inconclusive or uncertain result indicates that genetic variant(s) has/have been identified but it is currently unknown if the genetic change is associated with the genetic disorder in question. Further studies may be required to clarify the findings if it is a rare/common genetic polymorphism or a disease causing variant.

Unexpected/Incidental: In rare instances, unexpected genetic change(s) may be identified that are not related to the reason for requesting this test. However, this may in some cases have an impact on the future medical care.

Mimamsia only reports the following findings

- Positive Findings
- Uncertain findings, in cases where the genetic variants have strong evidence that they may in future be categorized as disease causing

Mimamsia does not report unexpected findings as this has already been covered by the lab where the initial analysis was carried out. Any non-causative variants or weak variants of uncertain significance are not reported by Mimamsia.

All findings reported by Mimamsia are reviewed by a qualified human geneticist. However, Mimamsia has no influence on the quality of data generated by the initial lab, Mimamsia issues a research report only that has to be confirmed in another laboratory with orthogonal techniques to rule out any false positives.

Data Protection and Storage

All genetic data is the sole property of the patient. Without specific consent Mimamsia will keep and safeguard this information on behalf of the patient. The patient can at any time request Mimamsia to either transfer the data to another storage facility or to completely delete the information. Mimamsia recommends continued storage of the patient's data also after a confirmatory medical report has been issued. Access to genetic data might be of importance for family members and/or also for enabling Mimamsia to continuously monitor the available information on behalf of the patient.

Authorization

In order to conduct the services expected from Mimamsia the company needs full access to the currently available patient data and supplemental information, wherever they are located. Given the very nature of genetic testing, the final location of the patient specific genetic information might be in various jurisdictions. Usually the patient has signed an informed consent form and Mimamsia will initially attempt to retrieve the relevant information from the institution which did provide this consent form.

1. By signing the attached transfer proxy, the patient is authorizing Mimamsia to approach the appropriate institution as his/her representative requesting this institution to transfer all relevant genetic data to the patient's data account at Mimamsia. Costs, when applicable, associated with the transfer of data to Mimamsia from Institution where the data is currently hosted will be borne by the patient.

2. The corporate purpose of Mimamsia is primarily to find medically relevant information to improve the health of its patient. The information obtained is also of relevance to improve our understanding of genetic changes and their influence on disease manifestation and progression. Mimamsia intends to share this anonymized information with other professionals to support the worldwide quest to better understand the human genome and its bearing on individual's health.

The patient authorizes Mimamsia to use the anonymized information for this purpose. Once the data is anonymized, the anonymized dataset cannot anymore be deleted and the patient agrees to this procedure.

- I give Mimamsia permission to contact me regarding further genetic research and/or other genetic services relevant to me in the future. I may withdraw from such contact at any time.
- I give Mimamsia permission to contact me regarding participation in any for-profit research and its associated benefits. Without my explicit consent, my individually identifiable information cannot be used in any for-profit activities.

BY SIGNING BELOW, I confirm THAT

I have read and understood the information provided on this form and have had an opportunity to have any questions answered by my healthcare provider.

Financial Responsibility

Mimamsia is offering its analyzing service on a result-oriented basis for the first 24 months after the relevant and complete dataset has been received. (Information to the patient)

After these initial 24 months, the patient can decide to terminate the relationship and request the deletion or transfer of his/her data or to continue the relationship for an annual professional fee as outlined in the table of charges.

Costs associated with the transfer of data to and from Mimamsia, when applicable, are charged separately.

Patient signature _____

Date (DD.MM.YYYY) _____

Patient name (please print) First Name / Last Name _____

Date of Birth (DD.MM.YYYY) _____

Email address _____

Signature of parent/guardian, if patient is a minor

Parent's/guardian's name (please print) First Name / Last Name _____

Email address _____

HEALTHCARE PROVIDER STATEMENT

By signing below, I attest that I am the referring physician or authorized healthcare professional. I confirm that the consent as shown above has been declared by the patient or his/her legal guardian and that I have his/her signature on file if it is not shown above. I have explained the purpose of test described above to my patient. The patient has had the opportunity to ask questions regarding this test and/or seek genetic counseling. The patient has voluntarily decided to have this analysis performed by Mimamsia. I agree that my own personal data is stored in Mimamsia's database for organizational and invoicing purposes.

Healthcare provider signature _____

Date (DD.MM.YYYY) _____