

# SOFIVA Cancer Scan Consent Form

		www.sofivagenomics.com T: +886-2-23826615		<input type="checkbox"/> SOFIVA Cancer Scan v2.0	
				<input type="checkbox"/> SOFIVA Cancer Scan v1.0	
<b>Hospital / Clinic:</b>			<b>Physician (Signature):</b>		
<b>Patient Information</b>					
<b>Name</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female (Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No)		
<b>ID / Passport No.</b>		<b>Date of Birth</b>	(dd)	(mm)	(yyyy)
<b>Phone No.</b>		<b>Nationality</b>			
<b>Address</b>					
<b>Clinical Information</b>					
<b>Medical Record No.</b>		<b>Collection Date</b>	(dd)	(mm)	(yyyy)
<b>Family History, Clinical Details and Other Information</b>					
Tumor Marker: Have you ever had genetic testing? <input type="checkbox"/> Yes <input type="checkbox"/> No ; If yes, the result is <input type="checkbox"/> normal <input type="checkbox"/> abnormal: Gene/Variant_____					

**I, the undersigned, understand the SOFIVA Cancer Scan clearly. I hereby fully understand, agree and undertake the following:**

- In rare cases, poor sample quality (for example, due to coagulation, hemolysis, or insufficient sample volume) will require a repeat sampling to ensure the accuracy of the test.
- SOFIVA Cancer Scan utilizes the next-generation sequencing (NGS) for the detection of single nucleotide variants (SNVs), small insertions and deletions (indels), copy number variants (CNVs), and gene fusions in the target genes and regions. The unselected copy number variant, fusion, chromosome abnormal, balanced or unbalanced translocation, monopleidy, uniparental disomy, and chromosomal mosaicism are not included.
- According to my situation, the physician has answered all my questions and adequately explained to me (included but not restricted to the information about the necessary, process, potential risk and successful rate of the test as well as the risk of other screening tests).
- If result is abnormal, strongly recommended that physician should be consulted to fully understand the meaning and content of the report. If necessary, physician should recommend appropriate health management.
- I hereby agree that the hospital/clinic and Sofiva Genomics may collect, process or use my personal information such as medical records, medical treatment, genetic information and health examination records under the specific purpose of medical care, health treatment etc.
- I agree / do not agree to allow the remainder of my sample to be used for research purposes (Lack of response indicates consent).
- I fully understand the above terms, statements, and declarations, and I agree to have the test performed at my own expense. I understand and accept that this test may be the most appropriate choice at this time, but it cannot guarantee the prevention of the tested disorders.

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**Signature, Date (dd/mm/yyyy)**