

KHSCBTGPTL 114

61/M

PATIENT CONSENT FORM

DATE: 4/1/2025

I, K.V. NARSIMHA CHARYA (Patient's name) aged 61 Gender M (herein after referred to as "I" or "Me"), hereby authorize ScienceQuest and K&H Personalized Medicine Clinic Private Limited (hereinafter referred to as the "Clinic") to conduct genomics tests and analysis (hereinafter referred to as "Sevices/Test"). I hereby agree to submit the sample for testing as recommended by my physician/medical practitioner. I understand that the samples will be collected by a qualified lab technician using medically accepted techniques, the risk(s) of which have been explained by my medical practitioner and are acceptable to me.

By signing this declaration of consent, I acknowledge that I have read and understood all the terms stated herein below:

1. The medical practitioner/ physician has fully and clearly explained the risks, outcomes, benefits and limitations of the genomics testing. I hereby agree that I have had an opportunity to discuss and clarify the risks and other concerns with the medical practitioner. I hereby give my free consent to the Clinic to conduct the Test on the sample provided by me.
2. I shall provide accurate medical and personal information about my age, medical history, health concerns, symptoms, dietary habits, allergies, medications, lifestyle habits, family history and/or any other details /questions that enables the Clinic to conduct and interpret the results of the tests effectively. I, therefore, confirm and declare that all the information and materials provided by me are true, accurate and complete to the best of my knowledge.
3. I, shall not hold the Clinic responsible or liable for the interpretation or analysis of the tests conducted by the Clinic solely based on the medical information provided by me.
4. I understand that though genomics testing provide generally accurate results, several sources of errors are possible including but not limited to the possibility of a failure or error in sample analysis, as with the case of any genomics tests. I understand that genomics tests are relatively new and are being improved and expanded continuously. Hence, due to current limitations in technology and incomplete knowledge and information on genes and diseases, there is a possibility that the test results may be inconclusive, uninterpretable or of unknown significance which may require further testing.

5. I hereby understand that the results/outcome of the tests conducted by the Clinic is indicative and cannot be perceived as conclusive or guaranteed. I also understand that the Test reports may provide information not anticipated and unrelated to my reported clinical symptoms, but can be of medical value for patient care. I understand that the results of my tests are not be read in isolation and further clinical correlation may be required.
6. I understand that the Clinic is not a specimen banking facility and therefore the sample shall be discarded after 2(two) months and shall not be available for future clinical tests.
7. I understand that the report and any record of my personal data including but not limited to my name, age, address, symptoms, descriptions, Test reports etc. in the possession of the Clinic is in safe custody and in an encrypted form and I hereby provide my consent to the Clinic to store my personal data and information for medical research purpose.
8. I further consent and authorize to the collection, processing, use, storage and retention of the anonymized data, the sample collected and related anonymized reports from the tests conducted for ongoing test developments, educational, scientific research and/or other related activities. I understand that the Clinic has taken the appropriate measures to maintain confidentiality. I hereby understand that this is purely for the purpose mentioned hereinbefore and my identity shall not be revealed in any manner whatsoever.
9. I understand that the clinic shall not disclose or hand-over the results of the tests to anyone else other than me, unless until required by law or expressly authorized by me.
10. I herein agree that a copy of this consent form is retained by me for any future use that may arise.



Signature of the Patient/ Attendee