

Patient's initials Date of birth . . (MM/DD/YYYY)

Test order



Complete this form faster and more easily on www.centoportal.com

FOR CENTOGENE USE ONLY
- DO NOT COVER -

> Priority (optional)

FAST processing¹

Prenatal

Maternal Cell Contamination
(automatically included for Prenatal WGS/WES)

Before sending any prenatal sample please contact customer.support@centogene.com

MATERIAL REQUIREMENTS
Please check material requirements at www.centogene.com/help/samples

> Whole Genome Sequencing and Whole Exome Sequencing

TEST

CentoGenome® (WGS)² CentoXome® (WES)³

NUMBER OF PATIENTS

Solo (index) Duo (index + 1) Trio (index + 2) PLUS (additional family member(s) beyond Trio)

ADDITIONAL TEST OPTIONS

- For WES only

CentoLCV (sWGS, index) CentoArrayCyto® 750K (CMA, index) CentoArrayCyto® HD (CMA, index)

- Reporting (standard medical report included)

Additional research report Filtered variant file (raw data) FASTQ (raw data) BAM (raw data) VCF (raw data)

> NGS Panels

PANEL NAME (or code)

Please refer to catalogue at www.centoportal.com

For selective panels additional analyses are included. NGS-based CNV analysis is included in our panels, except CentoLCV® and Somatic Panels. For more information please order via **Centoportal®**

> Biochemical testing

ENZYME PANELS

- Reflex to Genetics (option for all panels)

CentoSphingo® CentoMPS® CentoNCL® CentoLSD®
 X-TRA

BIOMARKER ONLY

Gaucher disease Fabry disease Farber disease Niemann-Pick disease Hereditary angioedema

OTHER ENZYME/BIOMARKER

Please refer to catalogue at www.centoportal.com

> Single gene testing

NGS based (CNV included)⁴

Sanger (if available)

GENE NAME

ADDITIONAL TEST OPTIONS

Del/Dup (MLPA/qPCR) Repeat expansion (if available) Biochemistry add-on (enzymes/biomarkers if available)

> Carrier testing

CentoScreen®

Targeted single gene

GENE NAME

Duo Paired Pack Sanger Del/Dup (MLPA/qPCR)

MUTATION

Family member tested at CENTOGENE

CENTOGENE Patient ID

Relation to patient

> Genome wide structural variant testing

TEST

CentoLCV (sWGS) CentoArrayCyto® 750K (CMA) CentoArrayCyto® HD (CMA)

> Additional reflex testing options

In case the required test does not show a variant explaining the phenotype, please perform the additional test

> Material info

SAMPLE TYPE

- 1 Extra fee per sample - Reduced TAT for CentoXome® from 30 to 15 days, CentoGenome® from 20 to 15 days, CentoLCV® from 15 to 10 days and Single gene Sanger sequencing from 15 to 10 days
- 2 Mitochondrial genome analysis included for index + maternal sample
- 3 WES-based CNV analysis included, and mitochondrial genome analysis included only for index + maternal sample
- 4 Except for DMD, CFTR and BRCA 1/2

Patient's initials Date of birth (MM/DD/YYYY)

> **Clinical patient information** Unaffected Affected

Age of manifestation

> **Clinical symptoms** - Please tick the appropriate boxes

>> Complete this form faster and more easily on www.centportal.com

1. ABDOMEN	
<input type="checkbox"/>	Abdominal pain
<input type="checkbox"/>	Acute hepatitis
<input type="checkbox"/>	Ascites
<input type="checkbox"/>	Cholecystitis
<input type="checkbox"/>	Cholelithiasis
<input type="checkbox"/>	Cholestasis
<input type="checkbox"/>	Chronic hepatitis
<input type="checkbox"/>	Cirrhosis
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Gastroesophageal reflux
<input type="checkbox"/>	Hepatic cysts
<input type="checkbox"/>	Hepatic failure
<input type="checkbox"/>	Hepatic steatosis
<input type="checkbox"/>	Hepatocellular adenoma
<input type="checkbox"/>	Hepatocellular carcinoma
<input type="checkbox"/>	Hepatomegaly
<input type="checkbox"/>	Inguinal hernia
<input type="checkbox"/>	Intrahepatic biliary dysgenesis
<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Pancreatitis
<input type="checkbox"/>	Portal hypertension
<input type="checkbox"/>	Splenomegaly
<input type="checkbox"/>	Umbilical hernia
<input type="checkbox"/>	Vomiting

2. CARDIOVASCULAR	
<input type="checkbox"/>	Abn. ¹ heart morphology
<input type="checkbox"/>	Abn. ¹ of the heart valves
<input type="checkbox"/>	Arrhythmia
<input type="checkbox"/>	Atrial fibrillation
<input type="checkbox"/>	Atrial septal defect
<input type="checkbox"/>	Atrioventricular block
<input type="checkbox"/>	Bradycardia
<input type="checkbox"/>	Cardiac valve calcification
<input type="checkbox"/>	Coarctation of aorta
<input type="checkbox"/>	Coronary atherosclerosis
<input type="checkbox"/>	Dilated cardiomyopathy
<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	Hypertrophic cardiomyopathy
<input type="checkbox"/>	Left ventricular hypertrophy
<input type="checkbox"/>	Myocardial infarction
<input type="checkbox"/>	Tachycardia
<input type="checkbox"/>	Ventricular septal defect

3. CENTRAL NERVOUS SYSTEM	
<input type="checkbox"/>	Abn. ¹ CNS myelination
<input type="checkbox"/>	Abn. ¹ of cerebral white matter
<input type="checkbox"/>	Agenesis Corpus callosum
<input type="checkbox"/>	Aggressive behavior
<input type="checkbox"/>	Areflexia
<input type="checkbox"/>	Arnold-Chiari malformation
<input type="checkbox"/>	Ataxia >>

3. CENTRAL NERVOUS SYSTEM	
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Behavioral abnormality
<input type="checkbox"/>	Brain atrophy
<input type="checkbox"/>	Cerebellar atrophy
<input type="checkbox"/>	Cerebellar hypoplasia
<input type="checkbox"/>	Chorea
<input type="checkbox"/>	Cognitive impairment
<input type="checkbox"/>	Coma
<input type="checkbox"/>	Delayed speech/language
<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Developmental regression
<input type="checkbox"/>	Dysarthria
<input type="checkbox"/>	Dyskinesia
<input type="checkbox"/>	EEG abnormality
<input type="checkbox"/>	Encephalopathy
<input type="checkbox"/>	Gait disturbance
<input type="checkbox"/>	Global developmental delay
<input type="checkbox"/>	Hydrocephalus
<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Hyperreflexia
<input type="checkbox"/>	Hypertonia
<input type="checkbox"/>	Hypotonia (central)
<input type="checkbox"/>	Intellectual disability
<input type="checkbox"/>	Lethargy
<input type="checkbox"/>	Leukodystrophy
<input type="checkbox"/>	Limb dystonia
<input type="checkbox"/>	Lissencephaly
<input type="checkbox"/>	Macrocephaly
<input type="checkbox"/>	Mental deterioration
<input type="checkbox"/>	Microcephaly
<input type="checkbox"/>	Motor delay
<input type="checkbox"/>	Myoclonic seizures
<input type="checkbox"/>	Neurodegeneration
<input type="checkbox"/>	Parkinsonism
<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Spastic paraparesis
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Tremor
<input type="checkbox"/>	Ventriculomegaly

4. EYES	
<input type="checkbox"/>	Abn. ¹ of the eye
<input type="checkbox"/>	Abn. ¹ of eye movement
<input type="checkbox"/>	Abn. ¹ of saccadic eye mov.
<input type="checkbox"/>	Cataract
<input type="checkbox"/>	Cherry red spot of the macula
<input type="checkbox"/>	Corneal opacity
<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	Horizontal gaze palsy
<input type="checkbox"/>	Hypertelorism
<input type="checkbox"/>	Microphthalmos
<input type="checkbox"/>	Nystagmus
<input type="checkbox"/>	Ophthalmoplegia >>

4. EYES	
<input type="checkbox"/>	Optic atrophy
<input type="checkbox"/>	Prominent epicanthal folds
<input type="checkbox"/>	Ptosis
<input type="checkbox"/>	Reduced visual acuity
<input type="checkbox"/>	Retinal degeneration
<input type="checkbox"/>	Rod-cone dystrophy
<input type="checkbox"/>	Strabismus
<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Visual loss
<input type="checkbox"/>	Xanthelasma

5. GROWTH/DEVELOPMENT	
<input type="checkbox"/>	Decreased body weight
<input type="checkbox"/>	Failure to thrive
<input type="checkbox"/>	Feeding difficulties
<input type="checkbox"/>	Growth delay
<input type="checkbox"/>	Intrauterine growth retardation
<input type="checkbox"/>	Neonatal onset
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Overgrowth
<input type="checkbox"/>	Premature birth
<input type="checkbox"/>	Short stature
<input type="checkbox"/>	Tall stature

6. HEMATOLOGY/LABORATORY	
<input type="checkbox"/>	Abn. of coagulation
<input type="checkbox"/>	Albuminuria
<input type="checkbox"/>	Aminoaciduria
<input type="checkbox"/>	Anemia
<input type="checkbox"/>	Elev. ² hepatic transaminases
<input type="checkbox"/>	Elev. ² long chain fatty acids
<input type="checkbox"/>	Elev. ² serum creatine kinase
<input type="checkbox"/>	Hyperammonemia
<input type="checkbox"/>	Hyperglycemia
<input type="checkbox"/>	Hypertriglyceridemia
<input type="checkbox"/>	Hypoglycemia
<input type="checkbox"/>	Hypokalemia
<input type="checkbox"/>	Hypokalemic alkalosis
<input type="checkbox"/>	Hypophosphatemia
<input type="checkbox"/>	Hypothyroidism
<input type="checkbox"/>	Immunodeficiency
<input type="checkbox"/>	Impaired T cell function
<input type="checkbox"/>	Lactic acidosis
<input type="checkbox"/>	Metabolic acidosis
<input type="checkbox"/>	Myoglobinuria
<input type="checkbox"/>	Neutropenia
<input type="checkbox"/>	Pancytopenia
<input type="checkbox"/>	Proteinuria
<input type="checkbox"/>	Recurrent bacterial infections
<input type="checkbox"/>	Recurrent viral infections
<input type="checkbox"/>	Recurrent fungal infections
<input type="checkbox"/>	Respiratory alkalosis
<input type="checkbox"/>	Thrombocytopenia

7. KIDNEY	
<input type="checkbox"/>	Adrenal hyperplasia
<input type="checkbox"/>	Chronic kidney disease
<input type="checkbox"/>	FSGS ³
<input type="checkbox"/>	Hemolytic-uremic syndrome
<input type="checkbox"/>	Hydronephrosis
<input type="checkbox"/>	Nephrolithiasis
<input type="checkbox"/>	Nephrotic syndrome
<input type="checkbox"/>	Polycystic kidney dysplasia
<input type="checkbox"/>	Proteinuria
<input type="checkbox"/>	Renal agenesis
<input type="checkbox"/>	Renal cyst
<input type="checkbox"/>	Renal Fanconi syndrome
<input type="checkbox"/>	Renal insufficiency
<input type="checkbox"/>	Renal phosphate wasting
<input type="checkbox"/>	Renal tubular acidosis

8. MUSCLE/JOINT MOVEMENT	
<input type="checkbox"/>	Calf muscle pseudohypertrophy
<input type="checkbox"/>	Flexion contracture
<input type="checkbox"/>	Gowers sign
<input type="checkbox"/>	Hip dysplasia
<input type="checkbox"/>	Joint hypermobility
<input type="checkbox"/>	Joint laxity
<input type="checkbox"/>	Macroglossia
<input type="checkbox"/>	Multiple joint contractures
<input type="checkbox"/>	Muscle weakness
<input type="checkbox"/>	Myopathy
<input type="checkbox"/>	Myotonia
<input type="checkbox"/>	Muscle atrophy
<input type="checkbox"/>	Muscular dystrophy
<input type="checkbox"/>	Muscular hypotonia
<input type="checkbox"/>	Polyneuropathy
<input type="checkbox"/>	Rhabdomyolysis
<input type="checkbox"/>	Rigidity

9. RESPIRATORY/MOUTH/TEETH/VOICE/HEARING	
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Cariou teeth
<input type="checkbox"/>	Cleft palate
<input type="checkbox"/>	Dysphagia
<input type="checkbox"/>	Dyspnea
<input type="checkbox"/>	Gingival overgrowth
<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	High palate
<input type="checkbox"/>	Long philtrum
<input type="checkbox"/>	Microdontia
<input type="checkbox"/>	Obstructive sleep apnea
<input type="checkbox"/>	Otitis media
<input type="checkbox"/>	Pulmonary hemorrhage
<input type="checkbox"/>	Pulmonary hypoplasia
<input type="checkbox"/>	Recurrent upper resp. tract inf.
<input type="checkbox"/>	Respiratory insufficiency
<input type="checkbox"/>	Tooth abscess

10. SKELETAL, SKIN, NAILS, HAIR	
<input type="checkbox"/>	Abn. ¹ facial shape
<input type="checkbox"/>	Abn. ¹ form of vertebral bodies
<input type="checkbox"/>	Abn. ¹ of skeletal morphology
<input type="checkbox"/>	Abn. ¹ of skin pigmentation
<input type="checkbox"/>	Abn. ¹ of hair
<input type="checkbox"/>	Abn. ¹ of skeletal system
<input type="checkbox"/>	Abn. ¹ of skin
<input type="checkbox"/>	Anhidrosis
<input type="checkbox"/>	Arachnodactyly
<input type="checkbox"/>	Brachycephaly
<input type="checkbox"/>	Brachydactyly
<input type="checkbox"/>	Cafe-au-lait spot
<input type="checkbox"/>	Camptodactyly
<input type="checkbox"/>	Coarse facial features
<input type="checkbox"/>	Craniosynostosis
<input type="checkbox"/>	Depressed nasal bridge
<input type="checkbox"/>	Dolichocephaly
<input type="checkbox"/>	Dysostosis multiplex
<input type="checkbox"/>	Hirsutism
<input type="checkbox"/>	Ichthyosis
<input type="checkbox"/>	Limb undergrowth
<input type="checkbox"/>	Micrognathia
<input type="checkbox"/>	Midface retrusion
<input type="checkbox"/>	Nasal bridge
<input type="checkbox"/>	Neurofibromatosis
<input type="checkbox"/>	Osteomalacia
<input type="checkbox"/>	Palmoplantar keratoderma
<input type="checkbox"/>	Pectus carinatum
<input type="checkbox"/>	Polydactyly
<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Short neck
<input type="checkbox"/>	Skeletal dysplasia
<input type="checkbox"/>	Spondylolysis
<input type="checkbox"/>	Thickened ribs

11. VARIOUS	
<input type="checkbox"/>	Abn. ¹ external genitalia
<input type="checkbox"/>	Abn. ¹ of the face
<input type="checkbox"/>	Angioedema
<input type="checkbox"/>	Breast carcinoma
<input type="checkbox"/>	Colon cancer
<input type="checkbox"/>	Cryptorchidism
<input type="checkbox"/>	Diabetes mellitus
<input type="checkbox"/>	Fever
<input type="checkbox"/>	Hydrops fetalis
<input type="checkbox"/>	Hypospadias
<input type="checkbox"/>	Low-set ears
<input type="checkbox"/>	Ovarian carcinoma
<input type="checkbox"/>	Ovarian neoplasm
<input type="checkbox"/>	Polyhydramnios
<input type="checkbox"/>	Recurrent infections

¹Abn. = Abnormal/Abnormality
²Elev. = Elevated
³FSGS = Focal segmental glomerulosclerosis

> **Additional phenotypic information**

Further clinical information attached

Patient's initials Date of birth . . (MM/DD/YYYY)
MONTH DAY YEAR

> **Family history** Consanguinity Yes No Affected siblings Yes No

> **Pedigree**

PEDEGREE LEGEND

Male
 Female
 Sex unknown
 Affected
 Unaffected

> **Additional family information**

FATHER Affected (attach summary of findings) Unaffected

Last Name

First Name

Date of Birth . . (MM/DD/YYYY) Sample Collection Date . . (MM/DD/YYYY)

MOTHER Affected (attach summary of findings) Unaffected

Last Name

First Name

Date of Birth . . (MM/DD/YYYY) Sample Collection Date . . (MM/DD/YYYY)

ADDITIONAL FAMILY MEMBER Affected (attach summary of findings) Unaffected Relation to patient

Last Name

First Name

Date of Birth . . (MM/DD/YYYY) Sample Collection Date . . (MM/DD/YYYY)

ADDITIONAL FAMILY MEMBER Affected (attach summary of findings) Unaffected Relation to patient

Last Name

First Name

Date of Birth . . (MM/DD/YYYY) Sample Collection Date . . (MM/DD/YYYY)

FURTHER ADDITIONAL FAMILY MEMBER I attach further family member information Total number of family members to be analysed

> **Patient Information**

Last Name _____

First Name _____

Date of Birth . . (MM/DD/YYYY) Sex Male Female Other

Medical Reference Number Sample Collection Date . . (MM/DD/YYYY)

Street _____ City _____

State ZIP Code Mobile _____

E-mail (mandatory) _____

> **Physician or Laboratory** - Reporting address

Name of Physician _____

Clinic Name & Department _____

Street _____ City _____

State ZIP Code Phone _____

E-mail (mandatory) _____

National Provider Identifier (NPI)

> **Additional Report Recipient**

Name of Physician _____ Clinic Name _____

Department _____ Street _____

State ZIP Code City _____

E-mail (mandatory) _____ Phone _____

I hereby confirm that the patient consented to forward the medical report to this additional report recipient.

> **Billing**

> **Promo Code** - If applicable

Direct billing The patient authorized to request the test(s) outlined above. The patient was also informed about the resulting costs and requested to be billed directly by email. The address given above is the patient's billing address.

Institutional billing

Company name _____

Street _____ City _____ State ZIP Code

E-mail (mandatory) _____

Commercial insurance

Name/Insurance Company _____

Subscriber name _____

Member ID# Relationship to subscriber _____

> **Sample collection**

Please arrange for sample collection: For patient For family member(s) _____

Arrange blood draw(s) [EDTA or CentoCard®] Provide buccal swab kit(s)

Patient has been informed and authorizes CENTOGENE to release information concerning testing to his/her health insurance and/or an insurance payment consultant in order to process and/or support claims of the Patient for insurance payment. I confirm that I offered pre-test genetic counselling to the Patient if required by his/her insurance.

CENTOGENE requires a signed consent form from the patient in order to be legally able to conduct a genetic analysis. Please ensure that this signed consent form accompanies the sample(s).

Dear patient,

Your physician has recommended a genetic analysis for you (or a person in your legal custody) to clarify the diagnosis/symptoms stated in the section “declaration of consent” below. In order to ensure that you have understood the purpose and significance of a genetic analysis, we have provided information about the testing process and potential results below.

The purpose of a genetic analysis is to identify the cause of a suspected disease in you or your family by analyzing your genetic material (DNA) for an abnormal change (variant) that could explain the disease you or members of your family are experiencing.

In a genetic analysis, depending on the case, you can be tested for:

- A single gene/variant responsible for a specific, suspected genetic disease, or
- Multiple genes (gene panels, whole exome or genome sequencing) in parallel.

The study material that is needed to perform the genetic analysis is stated in the test order form and is typically blood or purified DNA, but may also be tissue, saliva or buccal swab.

Possible results from the genetic analysis:

A genetic analysis can have one of several outcomes:

- A disease-causing DNA variant is identified confirming the diagnosis and allowing appropriate medical management by your physician (if such is available).
- A DNA variant is identified but at this time, there is not enough scientific and medical information to determine if this is a disease-causing variant or not. Your physician will discuss such a result with you and explain what further options are available to you.
- The genetic analysis results in no specific finding that can explain the symptoms. This can be due to the current limitations in scientific or medical knowledge and technology.

It is important to understand that genetic analyses – even if the result of a specific analysis is negative – are not exhaustive and that it is therefore not possible to exclude risks for all possible genetic diseases for yourself and your family members (especially your children).

It is possible that the knowledge of the test results may result in psychological stress for you and your family. It is always recommended to discuss the results with your responsible physician.

Incidental findings:

Genetic analyses, particularly those involving a large number of genes such as whole exome or genome sequencing, may identify results that are not directly related to the actual reason for your testing (incidental findings). However, such findings could still be of medical importance for you and your family, as they may provide information about a risk (that you may not be aware of) for potentially serious, unavoidable or non-treatable genetic diseases.

As part of the optional sections of your consent declaration below, you can decide whether or not and under which circumstances you wish to be informed about such incidental findings.

Family relationship findings:

If several family members are tested, the correct interpretation of the results depends on the provided relationships between family members being accurate. If the genetic analysis reveals a possibility that there is a discrepancy in the provided relationships, CENTOGENE will not inform you, unless in exceptional cases where this information is absolutely necessary for the completion and correct medical interpretation of the requested analysis.

Use of the health data, sample and test results:

The sample and provided data including health data will be used for the requested analysis and along with the test results will be stored and processed in accordance with your consent declaration below.

Right of withdrawal:

You can withdraw your consent to the analysis with effect for the future at any time in full or in part without providing a reason.

Right not to know:

You have the right not to be informed about test results (right not to know) and to stop the testing processes that have been started at any time up to being given the results and to request the destruction of all analysis results.

Pseudonymisation and Anonymisation:

Pseudonymisation means the processing of your personal data in a way that the personal data can no longer be attributed to your person without a certain identifier, which is kept separately and protected only by CENTOGENE. “Anonymisation” refers to the process of rendering your data anonymous, which then does not allow your identification from the anonymous data at all anymore.

Data protection information for patient and physician:

In the following we want to inform you about the processing of personal data during and after the performance of the genetic analysis. “Personal data” is understood to mean all information which relates to an identified or identifiable natural person. To all such collected and processed personal data, the following applies:

- Joint controllers and responsible entities for the processing of your personal data are CENTOGENE US, LLC, 99 Erie Street, Cambridge, MA 02139, USA, and CENTOGENE GmbH, Am Strande 7, 18055 Rostock, Germany, (jointly “CENTOGENE”) in each case represented by their Executive Board members as can be found on our website (<https://www.centogene.com/about-centogene/team/executive-board.html>). You can reach CENTOGENE’s data protection officer under each of the addresses above with the addition “Attn: Data Protection Officer” or by email at dataprivacy@centogene.com.
- Patient: By virtue of this consent form and through your physician, we collect the following data about you (in each case insofar as provided): personal details (including name and address), family relations, age/date of birth, gender, ethnicity, nationality, insurance information, symptoms and other medical information, disease, the study material / sample with identifiable genetic data, the genetic analysis results and findings. All your collected data will be stored for as long as indicated in the consent declaration. The data will be processed – partially also in data centers operated by service providers under our control and instructions – for the performance of the genetic analysis requested and for informing your physician of the results of such analysis, in each case on the basis of the consent provided. In case you have consented accordingly, such data will also be stored and processed for those further purposes as specified in the consent declaration.
- Physician: All your collected data will be processed to communicate with you about the tests and the results, as well as for invoicing, for as long as we keep identifiable data about your patients. This takes place on the basis of legal provisions allowing to process personal data for the purpose of performing a contract and for customer relation management reasons because we have a respective legitimate interest. We use data processors, which have been carefully selected and are subject to our instructions and to regular monitoring. Disclosures to data processors may result in such data being processed in countries outside of the EU (third countries). For each such transmission of data to a third country it is safeguarded that either an adequate level of protection or reasonable guarantees exist; e.g. by concluding a data processing agreement containing EU standard data protection clauses (retrievable at: https://ec.europa.eu/info/law/law-topic/data-protection_en).
- You (Patient and Physician) do have certain rights towards the CENTOGENE US, LLC under the Health Insurance Portability and Accountability Act (“HIPAA”) of 1996 as outlined in its notice of privacy practice to be found here: www.centogene.com/hipaa-notice. Insofar as data is partially processed by the CENTOGENE GmbH in Germany, you (Patient and Physician) do have the following rights regarding personal data relating to you under the European General Data Protection Regulation (GDPR), which you can exercise at any time, e.g. through an email to dataprivacy@centogene.com:
 - Right to be provided with information about and to have access to the personal data stored on you;
 - Right to have the personal data stored on you rectified or erased;
 - Right to obtain restriction of processing your personal data;
 - **Right to object on grounds relating to your particular situation;**
 - Right to data-portability (i.e. receive personal data you provided to us in a structured, commonly used and machine-readable format); and
 - Right to withdraw your consent with effect for the future at any time.
- You have the right to lodge a complaint with a supervisory authority regarding the processing of your personal data.
- You may have further or modified rights under applicable national law, which remain unaffected.
- For a more detailed and regularly updated information about how CENTOGENE GmbH processes personal data please visit CENTOGENE GmbH’s Data Protection Statement under www.centogene.com/data-protection.

GENETIC ANALYSIS FOR DISEASE:

(filled in by the physician)

By signing this declaration of consent I acknowledge that I have received, read and understood the preceding written explanation about genetic analyses. I also received appropriate explanations (from my physician) regarding the genetic basis, the purpose, scope, type and significance of the planned genetic analysis and achievable results, possibilities of prevention/treatment of the possible disease as well as with regard to risks associated with collecting the sample required for the genetic analysis and the knowledge of the results of the genetic analysis. All my questions have been answered and I have had the necessary time to make an informed decision about the genetic analysis.

With my signature below I give my consent or consent on behalf of the patient for whom I am the legal guardian:

(1) to the genetic analysis by CENTOGENE US, LLC, 99 Erie Street, Cambridge, MA 02139, USA and/or CENTOGENE GmbH, Am Strande 7, 18055 Rostock, Germany, (jointly "CENTOGENE") for the disease stated above, (2) to the collection and processing by my physician and CENTOGENE of my "Personal (Health) Data" (meaning in particular and in each case insofar as provided: personal details (including name and address), family relations, age/date of birth, gender, ethnicity, nationality, insurance information, symptoms and other medical information, disease, the study material/sample with identifiable genetic data, the genetic analysis results and findings) as far as required to conduct the genetic analysis including any necessary transfers of my Personal (Health) Data between physician and CENTOGENE and its entities across national borders, (3) to the analysis of the obtained sample and its storage for 10 years at CENTOGENE together with my patient file to be able to verify results of the analysis if need be, (4) to add to my patient file or to files of family members and to use for the above purposes – if applicable – Personal (Health) Data on me or members of my family insofar as they have consented, (5) to inform me or my physician or – if CENTOGENE has been instructed by a laboratory acting on behalf of my physician – such laboratory about the results of the genetic analysis; and (6) to provide upon request to me, my physician or – as the case may be – the requesting laboratory, the raw data of the genetic analysis.

I am aware that I can withdraw my consent with effect for the future in full or in part at any time and that I have the right not to know the results of the genetic analyses as described in the preceding written explanation.

I also agree that CENTOGENE shares my personal data – but only to the extent absolutely necessary in each case – with further parties, particularly to (i) acquire the necessary blood sample for testing (phlebotomy service), (ii) organize a health insurance review and possible insurance payment through a billing service provider and if selected by me, to (iii) invoice the costs of the genetic testing towards my health insurance carrier, health plan or other third party provider (jointly "Insurance") and in this regard to provide my Insurance with my personal Personal (Health) Data including - if necessary and requested - the results of the ordered genetic testing.

By ticking the relevant "YES" boxes below, I give my additional consent or consent on behalf of the patient for whom I am the legal guardian to:

Reporting of incidental findings

Whole exome sequencing (WES) and whole genome sequencing (WGS) tests analyze numerous different genes at the same time. It is therefore possible that a genetic variant found in the genetic analysis is possibly not related to the cause for ordering the testing. These findings, known as incidental findings, can provide information unrelated to your reported clinical symptoms, but can be of medical value for your treatment in the future. I understand the significance of such incidental findings and consent to CENTOGENE reporting DNA variants of the specified classes or types in certain genes in accordance with the "ACMG Recommendations for Reporting of Incidental Findings". I understand that CENTOGENE, using its own discretion, may refrain from reporting the recommended incidental findings or additionally also report (other) non-ACMG recommended incidental findings, in each case because of additional scientific and medical information available in CENTOGENE's databases.

YES

Date	Name of Patient	Signature of Patient /Legal Guardian*
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*Legal Guardian's relationship to the Patient:

Further storage and use of my Personal (Health) Data and the sample (optional)

My Personal (Health) Data and (remaining) sample may help in further research, development and improvement of diagnostic methods and possibly therapeutic solutions. Such measures may in the future also enable and support medical advice and guidance to me and my family members, e.g. related to the diagnosis and treatment of a potential genetic disease.

- I agree that CENTOGENE may store (1) the Personal (Health) Data I provided and information on affected family members - if they consented - and the results of the genetic analysis and (2) my sample (including original and processed sample) for a period of 20 years and use this data and the remaining samples for the purpose of research, improvement, development and validation of analysis procedures and related product and service developments.
- I agree that after a period of 20 years my Personal (Health) Data and (remaining) sample are anonymized and both will then remain in CENTOGENE's archives for use by CENTOGENE without restrictions.
- I agree that CENTOGENE may at any time use and process my Personal (Health) Data without direct identifiers (e.g., name, street address) and place such information into its databases and datasets concerning genetic diseases, for the purpose of scientific and commercial research and to facilitate and contribute to the diagnosis of genetic changes and diseases of other patients. I further agree that CENTOGENE may share my Personal (Health) Data without direct identifiers with external physicians, scientists and commercial companies (e.g., pharmaceutical companies) for research and development purposes.
- I understand that my treatment, payment for treatment, health insurance enrollment or eligibility for benefits will not be affected if I do not authorize this further storage and use of my Personal (Health) Data. I understand that I will not receive any compensation for the use of my Personal (Health) Data or sample by CENTOGENE and that I may revoke this permission at any time by sending a written request to CENTOGENE at 99 Erie Street Cambridge, MA 02139, USA, except to the extent action has been taken in reliance on my permission. I also understand that data in CENTOGENE's databases – once anonymized - cannot be destroyed upon request as it is unidentifiable and untraceable. I understand that once my Personal (Health) Data has been disclosed, U.S. federal privacy laws may no longer apply or protect the information from further disclosure. If I do not revoke this authorization, it will expire 20 years from the date I sign below.

YES

I confirm the above consent to the further storage and use of my Personal (Health) Data and the sample or confirm on behalf of the Patient (as the case may be).

Date	Name of Patient	Signature of Patient /Legal Guardian*
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I hereby confirm that the consent(s) as shown above have been declared by the patient or (as the case may be) his/her parent or legal guardian and that I have his/her signatures on file if there are not shown above. I confirm that the patient is capable of giving these consents (alternatively that consent was given by a legal guardian of the patient), that all questions of the patient have been answered, that the patient had the necessary time to consider his/her decision and that the patient until now has not exercised his/her right not to know the results of the genetic analyses. I understand that the patient may request to have his/her genetic analyses results eliminated at any time and that I shall forward such requests to CENTOGENE without undue delay. I agree that my own personal data is stored in CENTOGENE's databases for organizational and invoicing purposes.

Date	Name of Physician	Signature of Physician
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