

\* Mandatory field

**SAMPLE INFORMATION**

Have you ordered a test with Veritas previously? \*

No  Yes, specify: \_\_\_\_\_

Sample type \*

Saliva  Blood  Extracted DNA \_\_\_\_ µg/mL\*

Date of collection (DD/MM/YYYY) \*

Redraw \*

No  Yes

**TEST INFORMATION – Select the option that apply \***

**CANCER**

- Breast cancer (female)
- Prostate cancer (male)

**CARDIOVASCULAR**

- Coronary artery disease
- Lipidic panel (LDL-C, HDL-C, and triglycerides)
- Atrial fibrillation
- Hypertension

**METABOLIC**

- Type 2 diabetes

**PATIENT INFORMATION**

First Name (Given Name) \*

Last Name (Family Name) \*

Date of birth (DD/MM/YYYY) \*

Address

Biological sex \*

Male  Female

Email

Phone

Ethnicity \*

White/Caucasian  Hispanic  Ashkenazi Jewish  Black/African American  Asian  Middle Eastern  Other (specify): \_\_\_\_\_

Bone marrow/peripheral stem cell recipient/recent blood transfusion \*

No  Yes, specify: \_\_\_\_\_

Previous genetic testing/Results

**ORDERING PHYSICIAN INFORMATION**

First Name \*

Last Name \*

Institution & Address \*

NPI \*

Phone

Email

**PHYSICIAN CONSENT ACKNOWLEDGEMENT**

I certify I am a clinician and I am authorized under local law to request this test and have recently reviewed current Veritas documentation regarding this test. I have explained and obtained from the patient, or legal guardian, an Informed Consent, and that Informed Consent is consistent with the test benefits, risks and limitations and use of patient information set forth in the Veritas Intercontinental Informed Consent form for this test and local law.

Physician signature \*

Date (DD/MM/YYYY)

x

\* Veritas requires that the extracted DNA sample meets the established quality criteria. Please, consult with the lab before sending this type of sample.

## WHAT IS A POLYGENIC RISK SCORE?

A Polygenic Risk Score (PRS) is a risk estimation for a specific complex disease, based on the sum of the effect size provided by a large number of common genetic variants scattered along the genome. The PRS reflects an individual's estimated genetic predisposition for a given trait or condition. The PRSs are developed based on genetic data from Genome Wide Association Studies (GWAS). PRS only explain part of the risk associated with a condition because does not consider lifestyle and environmental effect, that can be modified to reduce the risk to present the disease.

## TEST PURPOSE

myHealthScore is a screening test that provides a quantitative evaluation of the future risk of disease in a person by estimating PRS. It is intended for individuals older than 18 years. The PRS included in this test evaluate a range of tens to millions of common genetic variants based on validation studies performed for each condition. The percentile is computed using an ancestry adjusted Z-score based on a distribution based on European individuals with known disease status from the UK Biobank.

Veritas Intercontinental will sequence the patient's genome using Next Generation Sequencing (NGS) and perform the genetic analysis with a dedicated software that evaluates million of common variants along the genome, known as Single Nucleotide Polymorphisms (SNPs), to establish the patient's risk of presenting the complex diseases studied, compared to the reference population.

PRSs facilitate an estimation of the genetic risk for a specific condition, providing useful information to improve or guide, but never replace, other screening or diagnostic methods. Combining PRS with other known risk factors will further improve risk prediction and help define clinical action thresholds. A basic analysis of patient ancestry will be carried out to adapt the PRS result considering ethnicity.

## LIMITATIONS

This is not a diagnostic test for a health condition. The aim of this genetic and bioinformatic analysis is to provide additional information to clinicians about the risk of disease to a patient that is conferred by common genetic variants that have been robustly associated with the disease of interest. However, there may still be other SNPs related to these conditions, identified or unidentified, not included in this test.

myHealthScore only includes the contribution of common variants (SNPs) present in more than 1% of the population, while other known or unknown rare pathogenic and likely pathogenic variants, that may be present, are not included in the analysis and may have an additional impact to the individual's genetic risk.

This test must be interpreted in context with other clinical findings. All risk estimates are approximate and based on previously analysed cohorts. Being identified as "high risk" increase your risk of disease but does not guarantee that a person will develop the disease.

Genetic variation differs between ethnic groups and PRS have been developed in European ancestry association datasets. The PRS has been validated on several ethnic groups, but the performance between ethnicities may vary. The risk estimation presents lower accuracy in people with a very heterogeneous genetic background, and thus the result could be non-informative.

## BENEFITS

The test can help improve disease risk prediction throughout life, this estimation is based on inherited genetic variation and therefore can be used before the appearance of other risk factors related to lifestyle, age and other non-genetic risk factors.

PRS can complement the risk posed by other genetic or clinical risk factors to anticipate disease development. The development of complex diseases depends on modifiable and non-modifiable factors, therefore this information can be used to change modifiable factors to allow early prevention or to establish an early management.

## SAMPLE REQUIREMENTS

This test requires saliva, whole blood, or extracted DNA from whole blood. If extracted DNA from whole blood is used, Veritas Intercontinental requires that the extracted DNA sample meets the established quality criteria. Please, consult with the lab before sending this type of sample.

In some cases, an additional sample may be requested if the volume, quality, and/or condition of the initial specimen is not adequate.

## INFORMED CONSENT FOR GENETIC TESTING

I, \_\_\_\_\_  
[NAME, LAST NAME, ID NUMBER/PASSPORT] have been informed about the characteristics, benefits, risks and limitations of performing the genetic test myHealthScore, and I state that:

I request myHealthScore test voluntarily and will discuss the results and appropriate medical management with my healthcare provider.

I specifically accept that my sample and personal data will be used by Veritas and its service providers to sequence my DNA, in order to perform the genetic test I requested.

I authorize Veritas to use internally my sample, my genetic information, my personal data and my personal and/or family history provided, to produce the result of the test or service I purchased from Veritas in accordance with the Veritas Privacy Policy and Terms of Service. Likewise, I authorize Veritas to provide the test results to my ordering physician and myself. If my answers to any question necessary or helpful to process my request for test or services are not complete, Veritas may recontact me for an answer.

I authorize Veritas to use my sample, the data provided and my genetic information to perform the test requested and to use my data internally to improve the service and for quality assessment. Veritas may use portions of my de-identified data, that do not permit re-identification, to publish findings in professional journals. Veritas may use anonymized or de-personalized aggregate data for research or scientific publications purposes.

I authorize Veritas to consult my genetic data in order to inform me regarding changes in the classification of the variants found that could have a clinical impact and to answer possible questions I may have regarding the test. I authorize Veritas to contact me or my ordering physician to provide this information.

I affirm that I am at least 18 years old and that I am the person requesting the test. I acknowledge that the sample provided belongs to the person for whom this test has been prescribed. I agree that Veritas can release to legal authorities, as it deems appropriate, any identity violation. Veritas reserves the right to cancel the test without refund or return of results if it is determined that I have misrepresented my age or identity when ordering the test.

I have read this document in its entirety and realize I may retain a copy for my records, I have understood the information provided. I have been offered the opportunity to ask questions and discuss with my healthcare provider the benefits, risks, and limitations of this screening test. Any question I may had has been solved, and I have been informed about the availability of having genetic counseling before and after testing to help me understand my results.

The information obtained could be relevant for my family members. It is my personal decision to inform them, so they can request a genetic consultation to be informed about their personal risk and their health options for the future, if they wish to do so.

\* Mandatory field

**We specifically request your consent for the following sections.**

Yes  No **Recontact for Additional Health Information, to Update Reports, Obtain Feedback and Share Opportunities to Participate in Research.**

By selecting YES, I authorize Veritas to review my genetic data to inform me about the availability of additional reports that I can benefit from, based on updates and advances in the available scientific information. Additional reports may include new discoveries such as genes recognized as having clinically actionable findings, new medications for which pharmacogenomic findings are available, new findings such as additional risk alleles that may be of interest or new genetic traits. I authorize Veritas to recontact me to notify me of the availability of such information. I authorize Veritas to send me regular communications with information about advances in the area of genetics.

Veritas may recontact me or my healthcare provider to offer me the opportunity to provide additional health information for the purpose of improving the outcomes of genome or exome sequencing, testing and other genetic sequencing, analysis and tests, or that might be useful to improving how Veritas serves me and others like me with new insights. Veritas may also recontact me directly or via a third- party research service to gather feedback about my experience with Veritas in its efforts to improve its service to me and others like me. Veritas may also recontact me to offer me new opportunities to participate in research.

You can withdraw your consent to processing at any time by e-mailing [dpo@veritasint.com](mailto:dpo@veritasint.com).

Yes  No **Recontact for Marketing and New Product Offers.**

Veritas may recontact me via email or SMS Text Message to provide information about new or other health products and services offered by Veritas and its affiliated companies that may be of interest to me.

You can withdraw your consent to processing at any time by e-mailing [dpo@veritasint.com](mailto:dpo@veritasint.com), or by using the opt out functions in any email or SMS text message you receive.

**BASIC DATA PROTECTION INFORMATION**

<b>CONTROLLER</b>	VERITAS INTERCONTINENTAL, S.L. - TAX Number: ES B-88132907
<b>PURPOSE</b>	GENETIC ANALYSIS FOR PATIENTS
<b>LAWFUL BASIS</b>	CONSENT OF THE DATA SUBJECT
<b>RECIPIENTS</b>	NO DATA WILL BE TRANSFERRED TO THIRD PARTIES EXCEPT WHERE IT IS NEEDED TO DELIVER THE PRODUCTS AND SERVICES YOU HAVE REQUESTED.
<b>RIGHTS</b>	ACCESS, RECTIFICATION, OPPOSITION, ERASURE, RESTRICTION AND DATA PORTABILITY
<b>ADDITIONAL INFORMATION</b>	MORE INFO OVERLEAF

*I confirm that I have been provided with and have read a copy of the Veritas Intercontinental Data Protection Information.*

**PATIENT'S SIGNATURE**

First Name \* Date (DD/MM/YYYY)  
 Last Name \* Signature \*  
 ID Number

**SIGNATURE OF THE PHYSICIAN REQUESTING THE CONSENT**

First Name \* Date (DD/MM/YYYY)  
 Last Name \* Signature \*  
 ID Number



DATA PROTECTION INFORMATION		<i>Deliver to the patient</i>
<b>CONTROLLER</b>	VERITAS INTERCONTINENTAL, S.L. - TAX Number: ES B-88132907	
<b>PURPOSE</b>	GENETIC ANALYSIS FOR PATIENTS	
<b>LAWFUL BASIS</b>	CONSENT OF THE DATA SUBJECT	
<b>RECIPIENTS</b>	NO DATA WILL BE TRANSFERRED TO THIRD PARTIES EXCEPT WHERE IT IS NEEDED TO DELIVER THE PRODUCTS AND SERVICES YOU HAVE REQUESTED.	
<b>RIGHTS</b>	ACCESS, RECTIFICATION, OPPOSITION, ERASURE, RESTRICTION AND DATA PORTABILITY	

**WHO IS THE CONTROLLER FOR YOUR DATA?**  
 IDENTITY: VERITAS INTERCONTINENTAL, S.L. - TAX Number: ES B-88132907  
 POSTAL ADDRESS: CALLE ORENSE 58, 2<sup>o</sup>C-D - 28020 (MADRID) SPAIN  
 PHONE: +34 915 623 675  
 DATA PROTECTION OFFICER CONTACT: [DPO@VERITASINT.COM](mailto:DPO@VERITASINT.COM)  
 NOTE THAT YOU CAN REVIEW OUR FULL PRIVACY NOTICE ONLINE AT [WWW.VERITASINT.COM/PRIVACY-POLICY-AND-LEGAL-NOTICE](http://WWW.VERITASINT.COM/PRIVACY-POLICY-AND-LEGAL-NOTICE) OR REQUEST A COPY OF THIS NOTICE FROM THE DATA PROTECTION OFFICER CONTACT DETAILS ABOVE.

**FOR WHAT PURPOSE DO WE PROCESS YOUR PERSONAL DATA?**

- To fill and support your purchases of our products and services, including to process payments and to provide customer assistance.
- Performing health diagnostic testing, genetic sequencing, and providing our health testing and genetic testing services. This includes using personal data to receive, store and analyse your samples, to contact you, and to provide you with your results and, in some instances, relevant treatment options.
- For service improvement and product quality improvement.
- To use anonymized or de-personalized aggregate data for research or scientific publications purposes.

**HOW LONG DO WE RETAIN YOUR DATA FOR?**  
 Personal data will be stored for as long as the contractual relationship with the patient prevails (unless the patient exercises his/her rights of cancellation, opposition or deletion, and further retention of the data is not needed for any legal reasons, such as to comply with applicable laws or regulatory requirements). Certain personal data related to health and genetics testing will be retained for a minimum period of 5 years in accordance with applicable laws.

**WHAT IS THE LAWFUL BASIS FOR PROCESSING YOUR DATA?**  
 The legal basis for processing your data is your consent and the contractual relationship.

**WHICH RECIPIENTS WILL YOUR DATA BE RELEASED TO?**  
 Your data will not be disclosed to third parties, unless legally or contractually obliged to do so. However, we may disclose your data to our suppliers in order to provide the service you have requested (accredited laboratories, carriers, IT service providers).

**INTERNATIONAL TRANSFERS**  
 Your data may be transferred to our information systems, our service providers (such as laboratories), or other organizations outside of your country of residence where necessary for us to deliver our services. This may include transferring your data (and your sample, depending on the service you are using) to a location in the European Union, United Kingdom or United States. Any international transfers of samples or data are subject to appropriate privacy, security and legal protections.

**WHAT ARE YOUR RIGHTS WHEN YOU PROVIDE US WITH YOUR DATA?**  
 You may have certain privacy rights depending on your circumstances or residency. To exercise your rights or to submit a question, you can email us at [dpo@veritasint.com](mailto:dpo@veritasint.com).

- **Access.** You have the right to request a copy of your information that we process as well as further information including (i) the purposes of processing, (ii) categories of information we process, (iii) recipients or categories of recipient to whom the personal information have been or will be disclosed, (iv) where possible, the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period, (v) where the personal information is not collected from you as the data subject, any available information as to the source of the information, and (vi) existence of automated decision-making, including profiling.
- **Correction.** If you discover that we hold inaccurate information about you, you have a right to ask us to correct that information.
- **Erasur.** You have the right to request that we delete your information. We may refuse this request if (a) the information is still necessary for the purposes that we collected or processed it and (b) we still have a legal basis to process it, even after you've withdrawn consent or requested deletion.
- **Restriction.** You have the right, in some cases, to restrict the processing of your information, such as where you have exercised your right to object and we are reviewing your objection.
- **Objection.** You have the right to object to us using your information based on our legitimate interests. In such cases, we will cease processing your information unless we have compelling legitimate grounds to continue processing or where it is needed for legal reasons. Where we use your data for direct marketing, you can always object by using the unsubscribe link in such communications, changing your account settings or, if you do not have an account, you can email us at [dpo@veritasint.com](mailto:dpo@veritasint.com).
- **Portability.** You have the right in some cases to port your information from us to a new data controller by obtaining a copy of your data from us in a common machine readable format.
- **Withdraw consent.** You can withdraw your consent to processing at any time by e-mailing [dpo@veritasint.com](mailto:dpo@veritasint.com). Withdrawing your consent does not affect processing that has already occurred. Where you withdraw your consent, we will no longer process your information based on your consent. We may process your information if another legal basis applies, for example, if we are legally obligated to store certain records or if your withdrawal of consent was limited to certain processing activities.
- **Complain.** You have the right to lodge a complaint with the relevant data protection supervisory authority. If you are considering lodging a complaint, we would appreciate the opportunity to try and resolve your issue before you submit your complaint. To learn more about how to make a complaint email us at [dpo@veritasint.com](mailto:dpo@veritasint.com).

**PERSONAL DATA WE COLLECT**  
 When you use our products and services we collect, receive or otherwise process personal data in several different ways. In many cases, you choose what information to provide. Some information is required in order for us to provide our products and services. We may collect and process the following types of information about you, from the following sources:

- **Product, purchase and assistance personal data.** We collect information when you purchase or use our products and services, including when you interact with our company or staff. This information may include name, gender, date of birth, contact information (such as billing address, delivery address) and any further information you or any interested party such as an ordering healthcare provider may provide to us in connection with your test.
- **Health-related personal data.** When you purchase or use our products and services, we will collect, process and potentially generate data concerning health, including by processing samples, test information or any further information we might receive from you or from any interested party involved in the ordering of your test. We will collect and process information relating to your personal health record which may include through the use of questionnaires or forms you or the interested party submit.
- **Genetic and genetic-related personal data.** Collection of genetic data may include physical samples provided in connection with your use of our products and services (such as a blood sample, saliva sample, or nasal swab). We may also request or generate genetic data, medical history, family history, known familial genetic conditions or mutations where necessary to provide our products and services.