PATIENT INFORMED CONSENT FORM

REQUEST FOR TESTING FOR DETERMINING TELOMERE LENGTH IN ACCORDANCE WITH THE HT Q-FISH PROTOCOL

(Must be completely filled out; Informed consent ***MUST*** be signed by patient, parent/legal guardian or legal next of kin.)

PATIENT INFORMATION:

Assigned Numeric Code

Date of Birth

Gender ☐ Male ☐ Female

PLACE ID STICKER HERE

REQUESTING PHYSICIAN:

Last Name First Name

Institution

Address

City

Postal Code Country

Telephone Fax

TEST ORDERED: **Determining telomere length in accordance with the HT Q-FISH protocol**

SPECIMEN REQUIREMENTS**: Two 4 ml Greiner or equivalent Lithium Heparin Tubes**

REASON FOR TESTING:

☐ Patient Request

Other relevant Clinical Information:

Note to Health Care Practitioner: It is Law, and Life Length S.L. Policy that an informed consent be obtained prior to performing telomere length analysis and maintained in the patient's medical record. Please use this information / informed consent sheet, ensure that the patient/legal guardian understands its contents, and obtain the person's signature.

INFORMED CONSENT NOTICE:

Please read the following carefully and discuss with your ordering physician/person obtaining consent before signing consent. 1. This is a test for determining telomere length in accordance with the HT Q-FISH protocol. 2. The purpose of this analysis is to test the length of the telomeres and a correlation with an estimated biological age. 2a. You (or the person for whom you are signing) may want genetic counseling before signing for consent. 3. The telomere length measurement presented in the report shall be conducted in accordance with strict quality controls and with the optimal technology existing on the market at the time of the report's issuance. However, the results obtained may have a margin for error of 5%. 4. The estimation of biological age is carried out based on telomeric measurements which Life Length performs on its sample population using its advanced technology and which it stores in its database as authorized by this consent. 5. I will receive a copy of this consent form. 6. The results of the above test become a part of the patient's medical record, and may be made available to individuals/organizations with legal access to the patient's medical record, on a strict "need-to-know" basis, including, but not limited to the physicians and nursing staff directly involved in the patient's care, the patient's current and future insurance carriers, and others specifically authorized by the patient/authorized representative to gain access to the patient's medical records. 7. No additional tests will be performed on this sample, without specific, signed authorization by the patient. 8. Medicare/Insurance Carriers ***may not*** pay for the test, in which case, the patient/responsible party will be billed for the test.

Requesting Physician or Licensed Nurse Practitioner:

Name:

Title:

Name of person obtaining consent:

Signature: **Date:**

☐ I have read and fully understood the above, and give my consent for this testing

Patient name:

Patient signature: **Date:**

If consent is given by parent or legally authorized representative:

Name: **Relationship:**

Signature: **Date:**

Consent for de-identified and anonymous retention of my test results in Life Length's database: (please initial – REQUIRED)

_____My anonymous results and questionnaire data may be used for research and other purposes as part of the database.

_____ (hereinafter the Client or legal authorized representative), does hereby state that he/she has been duly informed with regards to the consequences and risks which the drawing of a volume of up to 10 ml of blood may have on his/her well-being and health. The purpose of drawing blood from the Client is to supply Life Length S.L. or its collaborating entities with a testing sample determining telomere length in accordance with the HT Q-FISH protocol. Client's personal data shall be disassociated from the sample, which will be assigned an alphanumeric code, matching this Informed Consent form and the anonymous sample and questionnaire, a copy of which shall be given to the Client as a confirmation document. At no time shall Life Length S.L. have access to the Client's personal data, thereby guaranteeing anonymity.

The report resulting from said telomeric measurement, and any and all data contained therein, in an anonymous manner, are exclusively intended for the Client and his/her personal use. Notwithstanding the preceding, Life Length and its collaborating entities reserve the exclusive right to include the anonymous results and responses to the questionnaire in their database.

Life Length assumes no responsibility whatsoever for the uses to which the Client may put the report and its results. In no way should the report be used for pharmaceutical or clinical research without Life Length's prior consent. Neither the report nor its contents are to be interpreted as a recommendation for medical treatment or for medication, nor do they constitute themselves any medical treatment, nor a diagnosis of any pathology, nor is any such a conclusion to be drawn from the report.

The report is not to be used for treatment purposes; if he/she so desires, the Client may present it to the specialized professional of his/her choice for review and discussion. The information contained in the report does not constitute medical advice or guidance, nor is it intended to diagnose health problems, nor is it meant to substitute for professional medical care. In no case is the report intended to suggest the initiation of any kind of medical treatment, nor is it to be considered a substitute for the independent judgment of a doctor with regards to any kind of health problem. We encourage Clients suffering persistent health problems, or those who have questions in this regard, to consult their doctors. In no way should the Client dismiss or question the advice of his/her medical professional or postpone any recommended treatment as a result of the issuance of the present report.

The telomere length measurement presented in the report shall be conducted in accordance with strict quality controls and with the optimal technology existing on the market at the time of the report's issuance. However, the results obtained may have a margin for error of 5%. The estimation of biological age is carried out based on telomeric measurements which Life Length performs on its sample population using its advanced technology and which it stores in its database on an anonymous basis. At this time this information allows Life Length to estimate biological ages between 20 and 70, but Life Length does not yet possess enough information to estimate biological ages outside these limits with sufficient statistical rigor. As Life Length expands its database with samples from individuals of ages greater and less than the aforementioned limits, its biological age estimation range shall be broadened. Life Length shall announce, through its website or its associated distributors, changes in said statistical capacity so that Clients who have received measurements over the course of 2011 and 2012 may request, preserving their anonymity, the reissuance of their reports, with a new estimation of their biological age, based on the measurement already conducted, at no additional cost.

Life Length assumes no responsibility for deviations in the results of analyses stemming from the nonviability or poor quality of the blood sample provided by the Client. In addition, test results, which shall depend upon the quality of the blood sample analyzed, may reflect temporary changes in the Client's state of health, due to a temporary sickness, or if he/she is undergoing medical treatment. As a result, we recommend an annual repetition of the test.

In the event that the sample provided by the Client proves to be nonviable for the measurement of telomere length for reasons attributable to Life Length, or if the report results feature a measurement error exceeding 5%, attributable to Life Length, the Client shall be entitled to have another blood sample taken in order to receive an additional telomere length measurement, at no additional cost, or to receive a full refund of the amount paid, with Life Length assuming no subsequent responsibilities whatsoever, which the Client does hereby recognize and accept.

In light of all of the above, I do hereby declare that I have read and do expressly confirm my acceptance of the contents of the present document, expressly agreeing to the drawing of the pertinent blood sample, and for it to be used by Life Length in order to carry out the telomere length measurement test in accordance with the HT Q-FISH protocol. In addition, I do hereby state that I have understood the information received and have been asked if I required any additional or complementary information besides that contained in the present document, having obtained this verbally, or having declined, given that I was satisfied with the information already received.