

Patient Authorisation/Consent Form

To be completed by the patient and retained by the requesting clinician

Please read carefully and discuss with your ordering physician/person obtaining consent before signing. This form must be completely filled out and signed by you, your parent/legal guardian or legally authorised representative.

Purpose

Foundation Medicine profiles are designed to look at the genetic profile of your tumour and to look for specific genomic alterations (mutations or variants) that may be affecting its growth. This information may help your physician determine what targeted therapies may be available to treat your cancer or clinical trials in which you may be able to participate. Additional information about the profiles are available at www.foundationmedicineasia.com.

Process

A sample of your tumour, usually one removed in connection with a biopsy or completed surgery or a blood sample, will be sent to Foundation Medicine, Inc.'s laboratory where it can be examined for genomic alterations. Foundation Medicine, Inc. will then send your physician a detailed report with information about your tumour's genomic makeup and potential treatment options and clinical trials. You and your doctor can then evaluate the results along with other information (e.g. your medical history, other tests) to determine what next steps are right for you.

Potential benefits and risks

It is possible that the results will show one or more genomic alterations that are "actionable" meaning that there may be FDA-approved therapies available that target your specific type of cancer or clinical trials that are studying investigational therapies for your type of cancer.

Knowledge about the impact of genetic changes is constantly changing. As a result, we may not yet understand the significance of certain mutations or variations we observe or whether anything can be done to address those mutations or variations. As a result, physicians may have different opinions about what the results mean and what treatment should be provided in light of the results. These profiles do not examine every possible mutation or variant that may exist and our technology also may not identify all mutations related to your cancer. There is also a small possibility of errors. You may learn medical information about yourself that you did not expect, including learning of additional diagnoses or a change in your condition, which may or may not be treatable and may make you upset or cause distress. It is possible that the profiles will not reveal the cause of your disease or help identify possible treatments.

Because genetic information is involved, it is possible that the results of these profiles could impact your ability to obtain life, disability or long-term care insurance.

I certify that my physician or the person ordering these profiles have explained the purpose, benefits and risks of Foundation Medicine profiles and also has provided the following information to me:

General information on Foundation Medicine profiles:

1. The results of the Foundation Medicine profiles will become part of my medical record and form part of my Personal Data i.e. data that on its own or in combination with other data, can identify an individual. They will also be retained by my physician and Foundation Medicine, Inc. in accordance with applicable law, for the purposes set out in the Privacy Policy. They may be made available to individuals/organisations with authorised access to my medical records including, but not limited to the physicians and nursing staff directly involved in my care, employees of Foundation Medicine, Inc., the government or third-party payers, including my current and future insurance carriers, for the purposes of reimbursement under insurance or government health care plans, others authorised by law or a court order, and others specifically authorised by me or my authorised representative to gain access to my medical records, for the purposes set out in the Privacy Policy. No other person or entity may have access to or retain my Foundation Medicine results without my written authorisation. I may request removal or destruction of my Personal Data, including identifiable genetic information, from my medical record to the extent permitted by law. I may request information on what Personal Data and identifiable genetic information of mine Foundation Medicine, Inc. has and how Foundation Medicine, Inc. has used and shared my Personal Data and identifiable genetic information during the last one year before the date of my request. Foundation Medicine, Inc. may charge a reasonable fee to cover the administrative costs of responding to my request for information. I may withdraw my consent to Foundation Medicine, Inc.'s use, collection, sharing or processing of my Personal Data and identifiable genetic information at any time. I understand that such withdrawal of consent may affect the continuation of Foundation Medicine, Inc.'s provision of services to me.

2. Foundation Medicine, Inc. shall return any unused sample tissue to my treating physician or the pathology laboratory once testing is completed.
3. Results will be retained by Foundation Medicine, Inc. for internal quality assurance/operations purposes.
4. Roche (Malaysia) Sdn Bhd., its affiliates or distributors, may receive Personal Data as part of its role in the sourcing and sending of tissue or blood samples to Foundation Medicine, Inc.

Additional use of the results:

5. To the extent my consent is required by law (including the United States Health Information Portability and Accountability Act of 1996 (HIPAA) and the Malaysia Personal Data Protection Act 2010 (Act 709), **I authorise** Foundation Medicine, Inc. to de-identify my genetic information and results and use or disclose such de-identified genetic information/results for future genetic research.
6. **I agree** that Foundation Medicine, Inc. may retain this de-identified information for future research purposes. I understand that this information will be de-identified in a manner that meets de-identification standards under the HIPAA.
7. **I understand** that I am not required to consent to de-identification of my genetic information/results as a condition of receiving the Foundation Medicine profiles.
8. **I understand** that once my genetic information and results have been de-identified such that Foundation Medicine, Inc. will not be able to identify me or determine or re-identify which genetic information and results relate to me, I will no longer be able to withdraw my consent to Foundation Medicine, Inc.’s future use or disclosure of such de-identified data.
9. **I have been asked** if I have questions about or want a more detailed explanation of the risks and benefits of the Foundation Medicine profiles. I am satisfied with the explanation provided to me and do not need more information. If I have any questions, complaints or require additional information on Foundation Medicine Inc.’s collection, use, disclosure or retention of my Personal Data, I can contact Foundation Medicine Inc.’s Privacy Officer at privacy@foundationmedicine.com.

Please check one of the following to specify the scope of your consent:

- I consent** to Foundation Medicine, Inc. conducting the requested profile (points 1-4), as well as de-identifying my results and use for research as described above (points 5-8).
- I consent** to Foundation Medicine, Inc. conducting the requested profile (points 1-4) only.

Patient Name (Print)	Patient Name (Signature)	Date
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Personal Representative	(Relationship to Patient)	Date
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The following has been discussed with the patient/legal guardian and informed consent obtained. The following was signed in my presence.

Name of Physician or Person Obtaining Consent	Signature	Date
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