

Informed Consent for New York Residents Requesting Telomere Length Testing

I have been counseled and understand that:

1. My health care provider wants me to have a test for median **Telomere Length** measurement.
2. Patients are required to give informed consent prior to having telomere testing which has a genetic component. Prior to consenting to telomere testing, I may find counseling by a genetic counselor or other professional helpful in weighing the benefits and drawbacks of this test.
3. The telomere length measurement offered by Repeat Diagnostics is performed to identify telomere length abnormalities that may cause or predispose to disease.
4. Telomere length tests can be offered to confirm or rule out a diagnosis, to test for a disease before symptoms develop or to determine suitability for bone marrow donation. My health care provider will tell me about why he/she would like to order telomere length testing.
5. A normal telomere length test result for a disease will not completely rule out that disease. My health care provider will use my health and family history to interpret what the normal result means for me.
6. An abnormal telomere length result may mean that I have or am predisposed to developing a disease. There may be additional testing to evaluate or clarify my medical status. I may consult my health care provider or ask to be referred to a genetics professional to discuss the implications of my test results and any additional testing that would be helpful.
7. Results will only be released to authorized personnel.
8. Links to how the test will be performed are available from the Repeat Diagnostics web site at www.repeatdiagnostics.com

Patient Signature

Date

Name

Physician Signature

BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped on Monday, Tuesday or Wednesday.

Requisition Form check list

- requisition is signed by the requesting physician
- patient name is filled in and matches blood tube ID (first identifier)
- second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- result send out contact information is completed
- payment information is completed
- assay type (2 or 6-panel) and optional consultation are selected accordingly

SPECIMEN COLLECTION

- Label the specimen tube with:
 - Patient Name and ID #
 - Age
 - Sex
 - Date and time of collection
- Collect blood in EDTA anti coagulant tube.
- 5-10ml of blood is required for successful testing.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.



SPECIMEN PACKING AND SHIPPING

SHIPPING MATERIAL

- Shipping container (UN3373 box 9" X 4" X 4" labeled "Biological Substance Category B)
- Specimen bag or sealable plastic bag.
- Absorbent material such as paper towel.
- Packing tape.
- Address label.
- FedEx Clinical Pak (provided free of charge from FedEx)
- International Air Waybill.
- Commercial Invoice.
- For more information on how to ship clinical samples visit FedEx at <http://images.fedex.com/downloads/shared/packagingtips/pointers.pdf>



SHIPPING

1. Place blood collection tube(s) in sealable plastic bag.
2. Place bag in shipping container. **ICE PACKS ARE NOT REQUIRED**
3. Place enough absorbent material in shipping container so that blood tubes do not roll around.
4. Seal shipping container with packing tape.
5. Attach address label to top of shipping container.
6. Place shipping container and requisition form inside FedEx Clinical Pak.
7. Fill out the international Air Waybill form.
8. Fill out commercial invoice form. Minimal dollar value must be \$4.00 to ensure rapid customs processing.
9. Include 5 copies of the Commercial Invoice with the waybill.
10. Ship on day of collection by **FedEx International Priority** to:



Repeat Diagnostics Inc.
Suite 309 - 267 West Esplanade
North Vancouver, BC V7M 1A5
Canada

11. Inform Repeat Diagnostics by email at test@repeatdiagnostics.com of date shipped and tracking number.

COMMERCIAL INVOICE

Date of shipment to Canada		Export References (order no., invoice no., etc.)				
Shipper/Exporter (complete name and address)		Consignee (complete name and address)				
		Repeat Diagnostics Inc Suite 309 – 267 West Esplanade Avenue North Vancouver, BC V7M 1A5 Canada				
		Toll Free 1-855-295-7173 T. 604-985-2609 F. 778-340-1144				
Country of Export		Importer - If other than Consignee Repeat Diagnostics Customs Broker is: FedEx EXPRESSCLEAR				
United States						
Country of Origin of Goods						
United States						
Country of Ultimate Destination						
Canada						
Shipment is FOB North Vancouver			International Air Waybill No.			
No. of Pkgs	Type of Packaging	Full Discription of Goods	Qty.	Weight	Unit Value	Total Value
1	Box	Fresh Human Whole Blood Specimen for Diagnostic Testing Non-infectious, non-hazardous, Non-toxic, non-volatile No commercial value	1	0.3 Kilo	4.00	4.00
1				0.3 Kgs		4.00

These commodities are licensed for the Ultimate Destination shown.

I declare all the information contained in this invoice to be true and correct.

Signature of Shipper: _____ Date: _____

Print name and title: _____

Include 5 copies with the FedEx international waybill