# REP-2-020 Attachment E- Patient Consent for Research After Testing

<table>
<thead>
<tr>
<th>Eurofins Document Reference</th>
<th>Type of document</th>
<th>CF - Controlled Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTD Labs SOP ID</td>
<td>Division</td>
<td>1-P Pharma</td>
</tr>
<tr>
<td>Effective Date</td>
<td>Business Line(s) / Unit(s)</td>
<td>Aug 1, 2018</td>
</tr>
<tr>
<td>Status</td>
<td>Periodic Review Date</td>
<td>Effective</td>
</tr>
<tr>
<td>Functional Area</td>
<td></td>
<td>QM - Quality Management</td>
</tr>
</tbody>
</table>

**Written by** Margaret Palladino

**Functional Document Owner** Eurofins D CDS US Quality Management Department; Eurofins D CDS US Reporting Department; Eurofins D CDS US Laboratory Management

**Review and Approval**
- Reviewers: Christina Deer; Jonathan Hayden; Lisa Schmitt
- Approver (Laboratory Director Only): Terrence Hallahan

**Reason for Revision** Y Chromosome - Research Consent

**Revision Log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rev.</th>
<th>Author</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 1, 2018</td>
<td>1</td>
<td>Eurofins D CDS US Quality Management Department; Eurofins D CDS US Reporting Department; Eurofins D CDS US Laboratory Management</td>
<td>Y Chromosome - Research Consent</td>
</tr>
</tbody>
</table>

**Electronic Signatures**
- Christina Deer; Review; Jul 2, 2018 4:04 PM EDT
- Jonathan Hayden; Review; Jul 3, 2018 8:47 AM EDT
- Lisa Schmitt; Review; Jul 11, 2018 10:41 AM EDT
- Terrence Hallahan; Approval; Jul 18, 2018 9:50 AM EDT
Patient Consent for Research After Testing

Eurofins NTD, LLC performs research to help develop and provide safe and effective screening tests and to contribute to advancing biomedical knowledge. My sample for *Y Chromosome Assessment* will be discarded within sixty days after taken, unless I specifically consent below. Permission to allow the use of my de-identified sample in research and development studies is entirely voluntary.

☐ I give permission for Eurofins NTD, LLC to retain any remaining de-identified sample for future research and development.

☐ I do not give permission to use the remaining sample in any research studies.

Patient/Guardian

__________________________________________________________

Signature

Printed

__________________________________________________________

Name

Date  _____ / ______ / ______

*This “Patient Consent for Research After Testing” form is to be submitted with the sample and requisition form.*