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INFORMED CONSENT FORM

1 Patient

Informed consent is required for genetic testing. The patient (or parent or guardian in the case of minors under the age of 18 or adults lacking legal capacity) must sign the attached consent form. If the samples are anonymous, we will accept a statement from the physician responsible for the patient indicating that an appropriate informed consent has been obtained (section *"Statement of the existence of informed consent"*).

Patient's full name

2 Genetic study requested

General NGS panels

- ☐ S-201906396 Cardiomyopathies General Panel [204 genes]
- ☐ S-201906399 Cardiomyopathies, Arrhythmias, and Sudden Death General Panel [251 genes]
- ☐ S-201906397 Arrhythmias and Sudden Death without Structural Cardiopathy General Panel [90 genes]
- ☐ S-201907189 Cardiovascular Diseases General Panel [405 genes]

Specific NGS panels

Cardiomyopathies

- ☐ S-201906389 Hypertrophic Cardiomyopathy. Basic Panel [18 genes]
- ☐ S-201906390 Hypertrophic Cardiomyopathy. Extended Panel [118 genes]
- ☐ S-201906391 Dilated Cardiomyopathy [121 genes]
- ☐ S-201906392 Arrhythmogenic Cardiomyopathy [26 genes]
- ☐ S-201906394 Non-compaction Cardiomyopathy [48 genes]
- ☐ S-201906393 Restrictive Cardiomyopathy [23 genes]
- ☐ S-201906395 RASopathies (Noonan, Costello, LEOPARD) [26 genes]
- ☐ S-201805389 Mitochondrial Genome Sequencing [37 genes]
- ☐ S-202008652 Mitochondrial Nuclear Genes Comprehensive Panel [400 genes]
- ☐ S-201601169 Fabry Disease [sequencing of the *GLA* gene]
- ☐ S-201702765 Familial Amyloidosis [sequencing of the *TTR* gene]

Channelopathies and Cardiac Arrhythmias:

- ☐ S-201906402 Long QT Syndrome. Basic Panel [11 genes]
- ☐ S-201906403 Long QT Syndrome. Extended Panel [32 genes]
- ☐ S-201906401 Short QT Syndrome [9 genes]
- ☐ S-201906405 Catecholaminergic Polymorphic Ventricular Tachycardia [10 genes]
- ☐ S-201906404 Brugada Syndrome/J-Wave Syndrome [27 genes]
- ☐ S-201906449 Cardiac Conduction Disease [44 genes]
- ☐ S-201906450 Atrial Fibrillation [46 genes]

Aortic, vascular, and connective tissue disorders

- ☐ S-201906109 Aortic, Vascular, and Connective Tissue Disorders [64 genes]
- ☐ S-201906569 Ehlers-Danlos Syndrome [35 genes]

Congenital Heart Diseases and Pulmonary Hypertension:

- ☐ S-201601108 Congenital Heart Diseases [114 genes]
- ☐ S-202007949 Pulmonary Artery Hypertension [25 genes]

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Other genetic tests

☐ S-202109976 Massive sequencing with CNVs

Whole exome:

☐ S-202110014 Whole-exome - sequencing only (fastq)

☐ S-202110013 Whole-exome - annotation of variants

☐ S-202110336 Whole-exome - with report tool

☐ S-202110015 Whole-exome - with clinical report

☐ S-202109977 Targeted exome
Gene/genes:

☐ S-202110133 Trio clinical exome

☐ S-202109983 MLPA and methylation-specific MLPA:
Gene/genes:

SNP array:

☐ S-201601485 Index case

☐ S-201702726 Family study or confirmation of CNVs

Array CGH:

☐ S-202008036 Prenatal array (37K)

☐ S-202109987 Postnatal array (60K)

☐ S-202109988 Postnatal array (180K)

☐ S-202109989 Inherited Cardiovascular Diseases NGS Kit

☐ S-202109998 Variant segregation/Family studies
Variant:

☐ Other services:

3 Patient's authorization

I declare that I have been informed of, that I understand, and that I am in agreement with the type of genetic study indicated above and in which I am voluntarily participating.

I understand that I may be affected by or be a carrier of a hereditary genetic disorder, the diagnosis of which may be confirmed by a laboratory study analyzing DNA obtained from my biological samples. I hereby give my consent to have my sample sent to Health in Code S.L., a company with a level of data protection in accordance with European legislation, to carry out the indicated genetic study, as well as to the center or centers designated by it, complying with ethical considerations and current legal regulations:

☐ Si ☐ No

I understand that:

- Genetic disorders may be inherited by family members and that the results of my test may have implications for my own family.

- In the case of a genetic study of a mutation, the determination of the mutation is diagnostic, while non-determination does not exclude the pathology. A negative test does not exclude the possibility of having the disease (some diseases have multiple causes and it is not possible to test for all of them).

- Occasionally, there may be unusual alterations in the DNA structure of certain individuals that may yield results that are difficult to interpret, making the diagnosis difficult and even making it impossible to obtain conclusive results.

- Although the methods used to perform this diagnostic testing are extremely sensitive and specific, there is always a small chance of failure of the technique or of an interpretation error. For this reason, repeating the test or performing additional ones may be necessary in some cases, which may or may not require obtaining new samples, particularly in those cases where quality of the biological sample is suboptimal.

- Given the complexity of genetic studies based on DNA and the important implications of the results of a genetic study, I will be informed of said results by a physician or genetic expert, always with the highest confidentiality level from both medical and laboratory personnel.

- I may change my mind at any time and withdraw the authorization for the genetic study given by me in this document, thereby revoking my decision to continue with the analysis.

- The only people who will have access to the test results will be members of the Health in Code, S.L. team and health service professionals involved in patient care.

- It is possible to obtain unexpected information during the sample analysis process, and I hereby declare that I want to be informed about it:

☐ Si ☐ No

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• It is possible that information concerning the relatives of the sample donor will be obtained. We recommend that the latter (or his/her legal representative) should be the person who shares said information. In any event, the approval of each family member will be required.

Current legislation requires Health in Code, S.L. to keep clinical documentation under conditions that ensure its proper maintenance and security for purposes of due patient care for at least five years after the assistance process has ended. I am aware and accept that a DNA aliquot will be kept in the laboratory for subsequent studies and/or confirmation tests:

☐ Si ☐ No

In addition, I consent to the biological sample being used by the entity Health in Code, S.L. for research purposes approved by the relevant ethics committee after the termination of the study, always maintaining the patient's anonymity.

☐ Si ☐ No

In which case, you are informed of:

• The purpose of the research related to the pathology whose diagnosis is intended and to other related lines of research.

• The expected benefits of the research, which will consist of a greater understanding of the pathologies studied, their development, and related population studies.

• The possibility that you will be contacted later for the purpose of collecting new data or obtaining new samples.

• The right to revoke this consent at any time and without any justification whatsoever and to decide to have the sample destroyed or anonymized.

• The obligation of Health in Code, S.L. to destroy or anonymize the sample once the research has finished and after the statutory storage period, unless authorization for longer storage has been given.

• Your right to know the genetic data obtained from the analysis of your biological samples.

• The confidentiality of the information obtained, with solely members of the Health in Code, S.L. research team having access to personal data.

• The possibility that information concerning the relatives of the sample donor may be obtained. We recommend that the latter (or his/her legal representative) be the person who shares said information. In any event, the approval of each family member will be required.

• If applicable, I hereby authorize the extraction of biological samples and the genetic study of dependent minor/s in my care to be used under the terms and conditions previously described for the genetic test for the aforementioned disease.

Name of the patient or legal representative*
*If the patient is a minor or lacks legal capacity

National Identification Number of the patient or legal representative

Signature of patient or legal representative

Date

4 Statement of the existence of informed consent

☐ I hereby declare that the patient identified on this request is aware of the information on said request and has signed the Informed Consent form to permit this genetic study to be carried out and that this has been included in his/her clinical record.

Physician's signature

Date