

SHIP WITH BLOOD SAMPLE

Informed Consent

Please read this consent carefully. Take time to ask as many questions as you want. If there is anything about this consent that you do not understand, please call Biophysical Corporation, (800) 532-7092.

INTRODUCTION

The Biophysical Corporation (“Biophysical”) provides several advanced health assessments. These services are designed to help identify early signs of potential health risk.

The assessment that you have ordered can assist you and your physician in investigating your health. It may provide information about many diseases and health conditions. This assessment is NOT a genetic test and it does not look for all diseases or health conditions. This test is not a substitute for a full medical evaluation. No diagnoses will be made nor treatment options offered.

PROCEDURE

You have discussed the assessment that you have voluntarily ordered with a Biophysical representative. A blood sample will be drawn from your arm. Once your blood analysis is complete, a report will be sent to you.

On rare occasions, due to specimen handling, blood samples may have to be redrawn. If this is the case, the sample will be redrawn at no additional cost to you.

You are paying for the Biophysical assessment with your personal funds. Medicare, Medicaid, insurance companies or other third-party payers will NOT pay for or reimburse you for any of Biophysical’s services. Biophysical will NOT submit any information provided by you for reimbursement or payment from private insurance carriers, Medicare, Medicaid, or any other third-party payers. We are not able to offer refunds once a blood sample has been collected.

RISKS AND DISCOMFORTS

Drawing blood from your arm may cause discomfort or lightheadedness, with bruising and soreness for a few days. You may become dizzy. In rare instances, an infection can result. If you feel discomfort or other symptoms, tell the person drawing your blood.

Your physician may advise you to undergo other tests or procedures after learning the results of your Biophysical assessment. Some of these tests may be duplicative of the assessment you purchased. Biophysical will NOT discuss any additional tests or procedures ordered by your physician or another healthcare provider, nor will Biophysical pay for any of these additional tests. It is possible that these tests will themselves present risks or cause discomfort.

Your Biophysical results may reveal health problems or potential health problems. You may experience stress, anxiety, or emotional or physical discomfort when you learn about health problems or potential health problems.

LIMITATIONS

The Biophysical physicians who review your test results are not your physicians. Your Biophysical assessment results do not constitute a medical opinion or medical advice. You should not rely solely on your assessment results in making decisions about medical care. You must follow up with your physician to interpret any information provided to you by Biophysical. Only your physician can recommend or order follow-up tests, treatment, therapy, or medical care. Your physician may choose to not use your Biophysical assessment results.

You could have a disease or condition even though your test results are in the normal range. You could have test results outside the normal range and still not have a disease or condition. Results outside the normal range, though, could lead to additional cost or discomfort if your physician orders follow-up tests.

Many of the individual tests within the Biophysical assessments have been approved by the FDA for clinical use, while some are for investigational or research use only.

CONFIDENTIALITY

Biophysical will protect your confidentiality to the extent permitted by applicable laws and regulations. If, by state statute, a physician ordered the assessment for you, your physician will also receive a copy of the laboratory results. Except when required by law, your name and contact information will not be shared with anyone outside of Biophysical. Biophysical will not use your name and contact information for external marketing purposes.

Biophysical cannot discuss your results with your physician without your written consent, unless the physician ordered the assessment. Biophysical will not discuss any test results with family members, insurance companies, employers or friends or send anyone your test results.

Some of the Biophysical assessments test for “reportable diseases”, such as hepatitis. This means that if your test is positive for one of the reportable diseases, we may be required to contact the local state health agency. Such reporting will be done with discretion and will follow Federal and State regulations.

RESEARCH, STORAGE, AND COMPENSATION

Biophysical will maintain your file in a database for validation, quality assurance and research purposes.

Your name will not be used in any publication about the Biophysical assessments. The results of future research using stored blood may be valuable for commercial and/or patent purposes. If new information is learned about stored blood as a result of this research, you will not be contacted. Again, the stored blood will not be linked to your name, so Biophysical cannot determine whether or not your blood was part of the research. You will not be financially compensated for the results of any research.

CONSENT STATEMENT

I have read this consent form and its contents were explained. My questions have been answered. I voluntarily consent to purchase the Biophysical assessment.

Printed Name

Signature

Date