Patient Name: _____ Date: _____

Person Completing Form: _____

Relationship to Patient: □Self □Parent/Guardian □Representative

LAB USE ONLY: Accession #: _____

Galaxy Diagnostics, Inc.

INFORMED CONSENT FORM FOR REMNANT SAMPLES RETENTION AND USE

INFORMATION

You are going to have blood drawn or provide urine for the medical tests your provider ordered. S/he will give you the results of these tests and use them in your care. You may have agreed to provide extra samples, or there may still be some sample left over after all the tests are done. We would like to store the remaining sample(s) in our biobank at Galaxy Diagnostics for use in current or future research and development.

RISKS AND BENEFITS

We store human clinical samples (including sample and health information) so that Galaxy scientists can find new ways to detect, treat, and prevent health problems associated with vector-borne diseases. Some of the efforts may lead to new products, such as better tests for vector-borne diseases. You should not expect to benefit from these research and development activities or be informed of any results. There is no health risk to you for participating. By signing this form, you are agreeing to have any leftover sample stored in our biobank. We are not going to map your genes or DNA using this sample. Your consent is completely voluntary, and you can revoke this permission at any time by calling or emailing Galaxy Diagnostics.

DURATION OF STORAGE

There is no limit on the length of time we will store your sample and information. We may keep using them for research and development unless you decide to stop taking part or we close our biobank, at which point all samples will be destroyed.

CONFIDENTIALITY

No reference will be made in any external documents, such as scientific presentations or publications, that could link you to the study. The information in the study records will be kept strictly confidential, and at no time will your personal information be released. Your samples will be stored and studied using a unique identifying number. Paper data will remain in a locked location at Galaxy Diagnostics. Electronic data will be stored securely using a password-protected database in compliance with HIPAA data security standards.

In the future, your sample's identifiers might be removed from the biospecimens and after that, the biospecimens could be used for future research or development efforts or distributed to another investigator for future research or development efforts without additional informed consent.

GALAXY DIAGNOSTICS CONTACT

If you have questions at any time about the use of these remnant samples, you or your physician may contact the laboratory at 919-313-9672 or by email at contact@galaxydx.com.

CONSENT

By signing below, I give permission to use my clinical sample(s) for new test development or for use in current or future research. I understand that my sample will not be linked to my identity in any way.

_____ _____

Signature Date