

You are being invited to take part in a study that includes advanced genetic tests.

Please take your time to read the consent form, and to ask questions.

You do not have to participate if you do not want to.

This consent form explains how genetic data, and other clinical data, will be obtained.

Please note that:

- The potential physical risks of participation include the small risks caused by drawing your blood.
- Companies that provide life insurance, disability insurance or long-term care insurance are not prevented from using genetic information. *[Note: include this statement only if results will be returned to the participant.]*
- We will take all possible steps to protect your privacy, but we cannot completely guarantee that the protection will always work.
- You will not receive any financial compensation for your participation.

When reaching the end of the form, you will be asked to document whether you would like to know the results of your genetic testing, if they may be important for your health or your medical care. This decision is not easy to make, and we are ready to talk about this with you in detail, if you want to. *[Note: include this paragraph only if the participant will be offered the opportunity to receive results.]*

You will also be asked for permission to store, and share your data, and whether you would like to designate a person that can represent you for the purposes of this study.

We greatly appreciate your consideration.