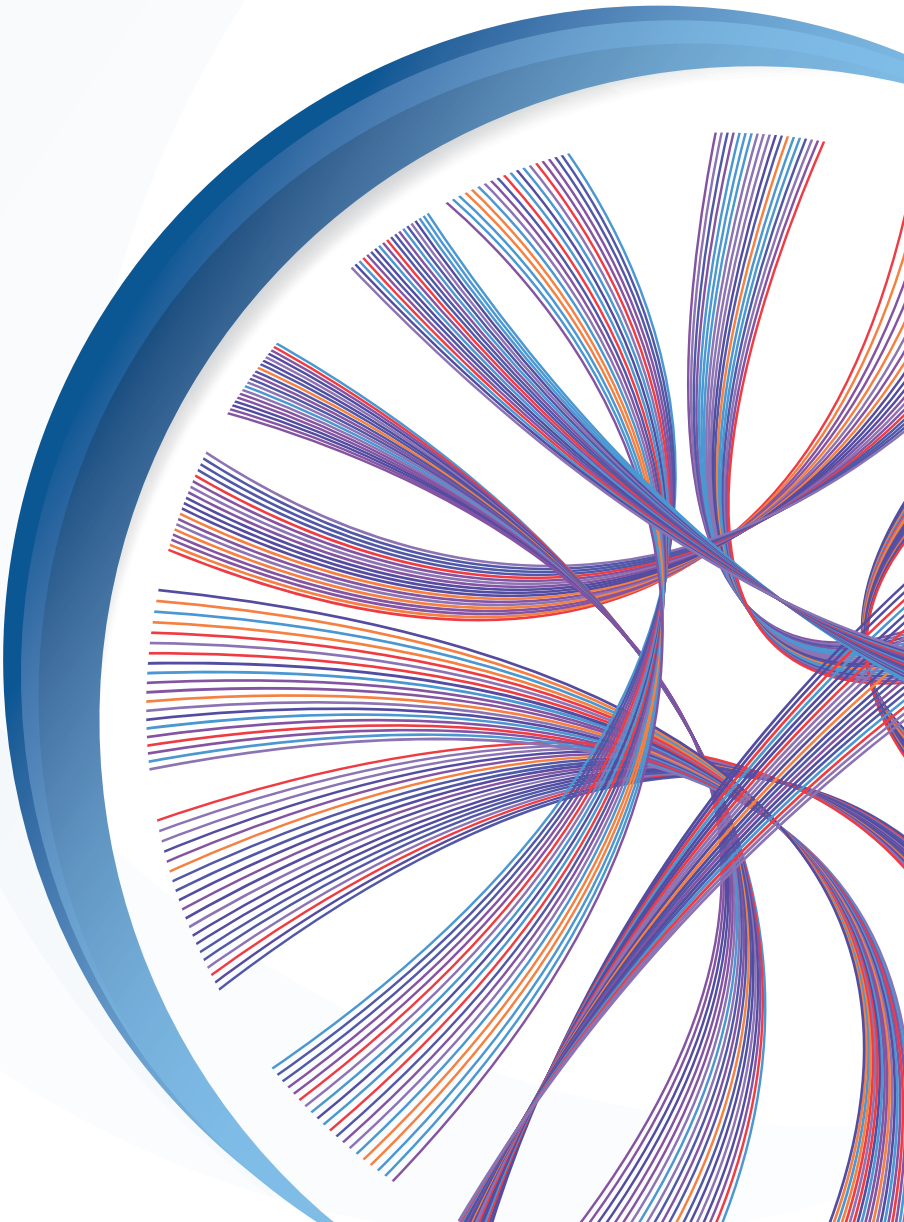
4baseCare
Together, We Beat Cancer

Genomic Test Enrollment & Informed Consent



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*Please fill in BLOCK letters only

Test Name: TarGT First Liquid -- 72 gene panel identifies gene variants (SNV's, Indels, CNVs and gene fusions) provides insights on actionable Mutations

PDL-1: YES ☐ NO ☐ | If applicable, choose the clone:- Ventana ☐ SP142 ☐ SP263 ☐ Dako ☐ 22C3

SPECIMEN DETAILS

Specimen Type and Nos. :	Type -	FFPE	Blood	Slides	Tissue in RNA later	Formalin Fixed Tissue
	No. -		*			

Collection Date: 17/6/2025

Specimen Block ID: Whole Blood in Streck Tubes 2x 10ml

PATIENT INFORMATION

First Name: Mrs. Sahiya Hamid

Middle Name: -

Last Name: -

DOB/Age: 67Y/F

Gender: Female

Height

Weight (kg)

Address

Aadhaar Number/Health ID

Contact Number

Email ID

Primary Cancer Site

Cancer Stage

Date of First Diagnosis

CAREGIVER INFORMATION

Name

Contact No.

Relationship with the Patient

Email ID

DOCTOR INFORMATION

Name: Dr. Mahendra Perera

Contact No.: +94777668698

Email ID: mahenp3@gmail.com

Alternative Email ID: rajathever@gmail.com

Hospital/Clinic Name and Location

Hospital/Clinic Patient ID

Signing this consent form, allows us to automatically enroll you in the OncoBuddy Platform

ADDITIONAL PATIENT INFORMATION

Occupation Attached Medical reports for reference

Comorbidities: (Ex: Diabetes, Hypertension, Thyroid etc)

Mention the Comorbidity	Medications taken for the comorbidity	Since when are you taking this medication

Symptoms before Cancer Diagnosis

Marital Status | No. of Kids | Spoken Language/Mother Tongue

Menstrual and Obstetric History: Menopause | Peri-Menopause | Post-Menopause | Surgical Amenorrhea

Pre-Menopause ☐ Regular... Cycle Duration ____ days ☐ Irregular

LIFE STYLE INFORMATION

Smoking: Current Everyday Smoker | Current SomeDay Smoker | Former Smoker | Never Smoker | Smoker (Current Status Unknown) | Unknown If Ever Smoked

Alcohol Consumption:

Current | Past | Never | Unknown

If quit alcohol, since when? (Days/Months/Years) .....

Other Forms of Tobacco Use: Hookah | Beedi | Chewing | Tobacco | Other .....

If Current/Past, please specify the quantity and frequency of intake: .....

History of Immunosupression:

Current | Past | Never | Unknown

If Current/Past, please specify: .....

DIET

☐ Vegetarian ☐ Vegan ☐ Non-Vegetarian ☐ Ovo-Vegetarian/Eggetarian

(If the patient consumes less than 3 ounces of meat/meat derivatives per week, then please mark the patient as Vegetarian.)

FAMILY HISTORY OF CANCER - PROVIDE THE DETAILS OF FAMILY MEMBERS HAVING CANCER (IF ANY):

Immediate Relative (Mother, Father, Brother, Sister)			Son/Daughter			Paternal/Maternal Relatives		
Relationship	Age at Diagnosis	Type of Cancer	Relationship	Age at Diagnosis	Type of Cancer	Relationship	Age at Diagnosis	Type of Cancer

Please review this information carefully and then indicate with your signature if you wish to move forward and enroll with the OncoBuddy platform and services. This is a voluntary enrollment. You may wish to seek Genomic counseling prior to consenting to testing.

THIS CONSENT IS DRAFTED IN PLAIN LANGUAGE AND AN EFFORT HAS BEEN MADE TO EXPLAIN THE DETAILS IN THE MOST SIMPLEST MANNER. IN CASE YOU HAVE ANY DIFFICULTY IN UNDERSTANDING ENGLISH, KINDLY, MAKE A REQUEST TO EXPLAIN THE TERMS IN YOUR NATIVE LANGUAGE / HINDI.

"OncoBuddy" Platform Services:

- Access to OncoBuddy App.
- Access to fixed number of Genetic, Onco-Nutrition and Onco-psychological counseling sessions.
- Community events which include education, awareness and socializing opportunity for the patients enrolled with the platform.
- Care Companion: You will be assigned a Care Companion, who will be continuously connected with you to assist you in your journey with us. Your Care Companion will be the single point of contact for all your queries regarding the services offered by us which include:
  - Using OncoBuddy App
  - Counseling(Onco-Psychological/ Onco-Nutritional/Genomic)
  - Information regarding community events

Genomic Testing:

- This test identifies abnormal genomic changes in an individual. We offer two types of genomic testing:
- Somatic Genomic Testing(TARGT Tests): This test identifies abnormal genomic changes in a cancer patient . These changes are used to design a specific treatment which is customized/advised particularly for your genomic variants. In case, your primary treatment is not proving to be beneficial, this report/suggestions can allow your doctor to draw substitute and personalized therapies based on your genomic test results.

  Such therapies based on your tumor genetic profile have proved to be beneficial and has been adopted widely.
- Germline Testing: This test analyzes specified number of gene(s) associated with specific hereditary cancer risks based on the test type selected.

The test evaluates risks for only those cancers related to the genes analyzed. The sample(s) will be used for the purpose of attempting to determine if you and/or your family members have a mutation(s) in the disease gene(s).

There are several categories of test results that may be reported including.

1. Positive, and may:
   - Contribute to the diagnosis of a genetic condition.
   - Reveal carrier status for a genetic condition.
   - Reveal a predisposition or an increased risk for developing a genetic disease in the future.
   - Have implications for other family members.
2. Negative, and may:
   - Reduce but not eliminate the possibility that your condition has a genetic basis.
   - Reduce but not eliminate your predisposition or risk for developing a genetic disease in the future.
   - Be unhelpful.
   - Not remove the need for additional testing.
3. Of uncertain significance and may:
   - Lead to a suggestion that testing additional family members may be helpful.
   - Remain uncertain for the foreseeable future.
   - Be resolved over time.
   - Your healthcare provider will be notified of any changes to the classification of previously reported variants that relate to your results.
4. Incidental and may:
   - Lead to a suggestion that testing and screening for other diseases might be required.
   - Your oncologist/Genetic Counsellor will prescribe the test based on your condition.

PROCEDURE for Genomic Testing:

You consent to the following procedure adopted by us:

- To Allow us to collect samples of your Tumor Biopsy (Tissue) or Blood (20ml) or both (whichever is applicable).
- You agree that the test will be conducted and report will be provided only for the test name mentioned in this form. We will be collecting your tumor tissue in form of FFPE block or fresh frozen sample along with blood. The leftover tumor tissue, if any, will be provided back to you in case you request it. However, you also understand that for NGS experiment and the protocol followed at 4baseCare, most of the times the complete block / tumor tissue/blood will be used up and no leftover

specimen is available to give it back to you. Please make sure that you have back up blocks or slides before sending the block to 4baseCare for the testing. The left over sample, if not asked will be stored in our bio repository and could be used for research as a part of Together, Lets Beat Cancer research program of 4baseCare. Please read the document carefully to know more about "Together, Lets Beat Cancer" Program.You understand that your physician has ordered genetic testing to be done by 4baseCare. You understand that biological samples will be collected using conventionally accepted techniques.

Genomic Testing Risks:

- Occasionally it may not be possible to provide a result due to biopsy quality or quantity. A repeat specimen may be requested.
- Genomic testing may reveal sensitive information to us about your health. This test may provide information that can have an impact on your medical decisions.

Genomic Testing Limitations:

- The Genomic Test is not intended to detect all Genetic mutations. Also, not all variants have therapies in the current medical scenario. Therapies for multiple variants are still under clinical trials. Certain available therapies and drugs could be expensive and/or not available in some countries or might not be easily sourceable.
- As with all medical screening tests, there is a chance of error in Genomic Testing as well.

  There are multiple factors which affect the accuracy and replicability of the results including the site and type of the tissue provided (Fresh/Frozen/FFPE etc). Please talk to your consulting doctor before consenting for the test.
- In Germline Testing, an error in the test interpretation may occur, if the true biological relationships of the family members being tested are not stated and an accurate clinical information, especially genetic history of cancer in the family is not provided.

PRIVACY, DATA SECURITY AND INFORMATION SHARING:

- By providing your contact number/ contact information with us for the purpose of the registration process/provision of our services, you hereby provide your consent to be contacted by us through mail, SMS, calls, instant messaging services, and/or any other mode of communication as we may deem appropriate about your screen, test or sample offered as part of our services subscribed by you (e.g., cost estimates), as well as about additional products and/or offers that may be relevant and/or interesting to you.

  We employ organizational and technical security measures, which are consistent with the industry standards, allowing us to protect your Personal Data and limiting its access only to a selected group of authorised personnel's thereby ensuring that your personal data is protected against unauthorized access and disclosure. You agree that depending on the services you use, we collect various kinds of personal & sensitive information from you. All personal and sensitive information shared by you will be securely used for lawful purpose and in accordance with applicable data protections laws of India.
- Registration information: You agree and acknowledge that by registering/enlisting yourself on our platform, you agree to all our terms of use of the platform as provided here in. You shall only be responsible for safeguarding your account and all the information and data associated with such account. For the safety of the data and information in such account and prevention of any possibility of any unauthorized use thereof, it is suggested that you should not disclose the login information associated with your account to any third parties.
- Medical history and test result information: We collect information from you or your physician about your personal and family history and eligibility for Genomic Testing, and other information that we may need to perform the requested services or issue test results.

  Additionally, we collect information about your interactions with our support services and notes from any counseling sessions you may have with our Counselors.
- Genomic Information: In adherence to domestic and International norms we do not discriminate or promote discrimination against you based on your Genomic information. Your Genomic testing results will be shared with your consulting doctor and the same will be uploaded on OncoBuddy App for your reference and use. Our Genomic Counselor will explain to your consulting doctors, the results of the tests and recommended substitute and personalized therapies based on the Bioinformatics analysis of your data and corresponding published medical and scientific findings.
- Payment information: For instance, when you schedule or approve a scheduled consultation with your doctor through the OncoBuddy App, you will need to provide us with either credit card or any other digital payment information to pay the consultation fees to the Doctor / Hospital / Clinic. Please note that any payments and transactions in respect of any of the aforesaid service(s) may be facilitated by or through third-party payment processors , online fund transfer facility through banks or

credit cards or mobile & internet-based payment/ commerce platforms or authorized payment gateway networks recognized and authorized by the Reserve Bank of India ("Payment Facilitators"). In this respect, it is clarified that the services of Payment Facilitators are utilized for the purposes of making any payment transaction in respect of any service(s) accessed by you and use of such services of Payment Facilitators shall not render the OncoBuddy Platform liable or responsible or assume any liability, whatsoever in respect of any loss or damage, arising directly or indirectly to you on account of (i) lack of authorization for any transaction(s); (ii) exceeding the pre-set limit mutually agreed by and between you and your bank; (iii) any payment issues arising out of the transaction; (iv) decline of transaction for any reason; or (v) for any other reason whatsoever.

- Additional information you provide to us: We collect any information you voluntarily provide to us when you use our services. You agree that you shall provide accurate and correct information at the time of registration and you shall also update such information and data, from time to time, in case of change or as and when required and asked by us in this regard. We may share the aforesaid information with collaborators and external researchers as and when required to be shared.
- You agree and acknowledge that we receive and store certain other types of information in addition to the aforementioned information automatically when you avail our services. You agree that we shall share your health information with the healthcare provider or other entities authorized by you.

Some of the information, including your genomic test report that we will share on your behalf, under the applicable law, includes (but is not limited to):

- Test results with your healthcare provider if they have been requested your test results, and have authorization to do so.
- Applicable information with your insurer or subsidizer if you have identified them as the billing party.
- All the applicable information with the laboratory/channel partner/ third party institution that 4baseCare has contracted with, to the extent required for preparing and sharing the test report with you.

You are solely responsible for maintaining the confidentiality of your OncoBuddy credentials and you shall always ensure maximum care and diligence while using our services. You explicitly agree that you will immediately notify us about any actual potential; unauthorized use and/or loss of your credentials. It is clarified that upon receiving a notification/ intimation/ apprehension of any actual or potential unauthorised use of your credentials, we may, at our discretion, take action to block access to such credentials at the earliest and take all other actions required under the applicable laws. We do not take any responsibility for loss of data that is not caused by us and shall not be liable or responsible whatsoever in this regard. You further agree that 4baseCare cannot and will not be liable for any loss or damage arising from your failure to comply with the terms of use of the Platform. You hereby also agree that in addition to the provisions of contained here in, your access and use of the OncoBuddy platform services shall be governed by the Terms and Conditions and Privacy policy (as updated from time to time) available at:

https://4basecare.com/privacy-policy.

Voluntary participation in the "Together, Lets BEAT Cancer" program

- You get a privilege and opportunity to voluntarily participate in our "Together, Lets BEAT Cancer" program. Continuous research based on every patient's experience will lead to breakthrough discoveries in the field of Cancer Research and lead a way for cutting edge discoveries for cancer treatment, diagnosis and novel drug discoveries. With your consent your information will be used by researchers for developing new therapies, biomarkers and treatments for cancer which will prove beneficial for future generations. You can opt-out of this service at any given time. Please refer to "Opt-Out" paragraph to know more on how to opt-out of this service.
- You agree to voluntarily participate in Together, Lets BEAT Cancer" Program. Further, you understand that this data will be used to improve diagnosis and treatments and develop novel strategies and drugs which will benefit cancer patients globally for today and the future. You will not be separately remunerated for this use. You agree that your Genomic data and any other medical and registration - Information you enter into our website or app, may be used and analyzed in the research by internal team of scientists and external research partners of 4baseCare. Also, your personal information and sensitive information such as name, date of birth,address, email id, phone number, care giver name, care giver phone number, relationship with the care giver, credit card information, digital payment details can be used by 4baseCare to identify you and communicate with you, as and when required. Your personal information, including, your name and contact information may be used to communicate with you for the purpose of identifying your Genomic data and are not analyzed in combination with your Genomic and other medical or personal information. Unless you contact us to tell us otherwise, by signing this consent form, you authorize 4baseCare and its partners to use your sample and any information derived from your clinical samples or otherwise collected about you for

educational, commercial and/or research purposes. This data will be shared with approved researchers, research partners within and outside 4baseCare, and in some events in an identifiable manner. For example, such data collected by 4baseCare can be shared with various partners with whom 4baseCare collaborates, for the purpose of reassessing the result of various tests conducted by 4baseCare. The partners include researchers, research institutes, IT companies, drug development companies, hospitals, doctors and any other approved partners of 4baseCare. You provide your consent to us to contact you now and in the future, to seek your participation in any of the clinical trials, in case it is determined, through the data gathered from you/your genomic testing outcome, that you are eligible for any of the clinical trials.

OPT-OUT:

- You can OPT-OUT of "Together, Lets BEAT Cancer" Program and any associated research program by contacting us and sending either an e-mail to optout@4basecare.com or by submitting a written opt-out request form (available with OncoBuddy App and your Care Companion) and sending it to company's registered address (available on www.4basecare.com/contact). Once you opt-out, we will remove your participation from upcoming future programs within 30 days of receiving the opt-out request. However, you understand and agree that data that has already been submitted for research cannot be withdrawn. You further agree, that withdrawal from this program is not affecting any of the services availed by you on our platform.

INDEMNITY:

- You agree to indemnify, defend and hold harmless, 4baseCare and its affiliates, officers, directors, employees, consultants, representatives, shareholders, contractors, users and agents etc.against any and all losses, liabilities, claims, damages, demands, costs and expenses (including legal fees and disbursements in connection therewith and interest chargeable thereon) arising out of or in connection with any claim, suit, action, or other proceeding brought against 4baseCare or such party, to the extent such losses are based on or arising out of or in connection with: (a) any breach or non-performance of any of the terms and conditions of 4baseCare with respect to use and access of our Platform and availing our service(s); (b) truthfulness and correctness of the information provided by you at any given time while registering on the Platform and/or availing our service(s); (c) any claim which you may have with respect to interaction, communication, dealing, and transaction between you and the third parties enlisted with the Platform; (d) your use of the service(s) available on the Platform; (e) any third party due to, or arising out of, or in connection with, your use of the Platform and/or availing of our service(s); (f) breach of any third party rights including, but not limited to, claims in respect of defamation, invasion of privacy, or infringement of any other intellectual property rights.
- You further, agree that, all the third party services including but not limited to nutritional and psychological counselling are provided by third party vendors and experts. You choose to opt for these services after knowing the credentials of these experts. Also, you agree to intimate the counsellors about your health issues, allergies etc. which may or may or may not be a part of the health record maintained by us. Hence, you agree that, we are only facilitators and are not directly or indirectly responsible for any service provided by third party.
- The User acknowledges that any User sample shall be collected from the User and transported to 4baseCare by third party logistic partners and further, the User agrees that in no circumstances shall 4baseCare and any employee or physician of 4baseCare shall be held liable for any damage caused to the sample collected and/or in the event the sample is lost during the transportation of such sample.

THE 4BASECARE WORKFLOW SOLUTION USED TO GENERATE THE TEST REPORT HAS NOT BEEN APPROVED BY ANY REGULATORY AUTHORITY OR MEDICAL AUTHORITY. 4BASECARE GENERATED INFORMATION IS ADJUNCTIVE INFORMATION TO PHYSICIANS AND MOLECULAR TUMOR BOARDS. 4BASECARE DOES NOT ASSURE OR GUARANTEE THE SUCCESS OF ANY THERAPEUTIC OPTION IDENTIFIED IN THE TEST. THE USER OF OUR TEST REPORT REMAINS RESPONSIBLE FOR THE CONDUCT OF PATIENT CARE AND FOR EVALUATING THE CLINICAL RELEVANCE OF INFORMATION PROVIDED. 4BASECARE IS NOT AN ENTITY LICENSED TO PRACTICE MEDICINE OR CLINICAL ACTIVITY AND THE REPORT GENERATED BY 4BASECARE DOES NOT AMOUNT TO, OR SUBSTITUTE, QUALIFIED PROFESSIONAL MEDICAL ADVICE.

DECLARATION:

I represent and warrant that I have the right, authority and capacity to consent to testing and I am at least 18 years old.

In case you have not completed 18 years of age on the date of signing of this consent form, your legal guardian will consent to your enrollment and all the clauses mentioned herein, shall be applicable to your guardian.

In addition, I represent and warrant that (1) all information that I have submitted or that is submitted on my behalf is complete, accurate and truthful, and

(2) in the event that I have allowed a third party to assist me in providing any information, I have reviewed and confirmed that all such information is complete, accurate and truthful prior to its submission to 4baseCare.

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PURPOSE, PROCEDURE, RISKS, BENEFITS AND LIMITATIONS OF ENROLLING TO THE ONCOBUDDY PLATFORM & SERVICES. I HAVE DECIDED TO ENROLL TO THE ONCOBUDDY PLATFORM AND SERVICES and to be bound by the terms of this Consent and any policies referenced herein.

☐ I am 18 years and above ☐ I am below 18 years

I am the Patient	I am the patient's Guardian	I am the patient's Care Giver
Name: Mrs. Sahiys Hamid	Name:	Name:
Signature:	Signature:	Signature:

Date: DD/MM/YYYY

CONSULTING DOCTOR DECLARATION:

I hereby declare that the patient OR the legal guardian of the patient has given the consent willingly and have been explained about the services offered along with the terms and conditions of the services under OncoBuddy Platform.

Name: Dr. Mahendra Perera Signature: Date: 19/6/2025

4baseCare
Together, We Beat Cancer

For any further information on 4baseCare Solutions and Services, please contact:

+91 636-684-3415 info@4basecare.com 4basecare.com

4baseCare (Genomics Tarang ODC), SJP2-S1-1F- C wing, Wipro Limited, SEZ, Sarjapur 2, Sy.No.69(P), Doddakannelli, Sarjapura Road, Bengaluru 560035, KA, India