

Informed Consent for Pharmacogenetic Testing

Please read this Informed Consent carefully. You have agreed to submit a specimen of your saliva to pharmacogenetic testing with PGxOnePlus™ through Admera Health ("<u>Admera</u>"), as indicated on the separate informed consent form from Admera.

Pharmacogenomics is a relatively new area of medicine that combines the fields of pharmacology (how drugs work) and genomics (each person's unique genome or genetic makeup). Because each person's response to treatment is unique, pharmacogenetic testing can

- · help your doctor determine what type of treatment may be best for you, and
- lead to better outcomes by choosing drugs that will be more effective for you and avoiding drugs that may be less effective.

You will have two appointments with Dr. David Mabry at MyMD Direct, PLLC at a fee of \$______, payable in full at the first appointment. At the first appointment, Dr. Mabry will take a detailed medical history and obtain the saliva sample from you. Dr. Mabry will submit your sample via overnight mail to Admera, and then review and evaluate the PGxOnePlus™ report on how your unique genetic pathways may affect the medication available for certain medical conditions (the "Report"). At your second appointment, Dr. Mabry will personally discuss the results of the Report with you. If you have Medicare or an insurance plan with out of network benefits, there should be no charge to you from Admera for the testing and Report

It is extremely important that you not make any changes in your medication without consulting with your Primary Care Physician. It is also important for you to understand that this is an evolving area of medicine. While there are currently about 300 medications and over 20 therapeutic test areas, there are many medical conditions that are not currently covered and new medications that may become available in the future but which are not included within the PGxOnePlusTM testing at this time.

By signing below, you are indicating that you understand this Informed Consent. You have been given the opportunity to ask questions, and you will receive a copy of this Informed Consent.

Patient Signature	Authorized Signature for MyMD Direct, PLLC