

TEST REQUISITION FORM

Global F1LiquidCDx TRF_short

IMPORTANT INFORMATION:

Please use the following date format YYYY/MM/DD

* required field

Selected Service:

FOUNDATION^{ONE} LIQUID CDx

Customer Order Number

Associated Study

Patient Information

Last name*

First name*

Patient Reference Number

Patient Biological Sex*

☐

M

☐

F

Patient Date of Birth* (Please ensure the Date of Birth exactly matches the Date of Birth written on the Blood Tube Labels inside the shipment kit)

YYYY / MM / DD

Has the patient had any type of transplant?*

☐

Yes

☐

No

If yes, please specify type(s) of transplant

Ordering Physician Details

Facility Name*

Ordering Physician* (full legal name)

Facility Address*

City*

Province/State

Postal Code*

Country*

Phone (primary)

Email*

Additional Physician to be Copied Email (optional)

Diagnosis Information

Diagnosis* (e.g., lung adenocarcinoma)

Stage

ICD Code(s) Listed

Date of Collection / Blood Draw* (Please ensure the Date of Collection exactly matches the Date of Collection written on the Blood Tube Labels inside the shipment kit)

YYYY / MM / DD

Tube Number Label* - Please use the 8-digit tube number label provided

TUBE NUMBER

Comments, Remarks or Special Requests

Signature*

Date*

YYYY / MM / DD

FOUNDATION
MEDICINE®

This copy of the document was retrieved from the system by Hilary Davies on 21 Sep 2022

Please add inside the shipment kit

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Document Approvals

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Document Approvals

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Task: QA Approval Verdict: Approve	Daniel Mulcare, (dmulcare@foundationmedicine.com) Quality Assurance Approval 21-Sep-2022 15:00:19 GMT+0000
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PATIENT CONSENT FORM

Service (please select Service ordered)

☐  FOUNDATIONONE®CDx

☐  FOUNDATIONONE®HEME

☐  FOUNDATIONONE®LIQUID CDx

Patient Information and Declaration of Consent to the Processing of Personal Data

Your treating physician has recommended to perform a molecular genetic test for diagnostic purposes to analyse your blood (which may include bone marrow) and/or tissue specimen (as required for your test) in order to detect genomic biomarkers, such as gene mutations, specific to your tumour. The appropriate diagnostic test was selected by your physician (FoundationOne CDx, FoundationOne Heme or FoundationOne Liquid CDx) and is indicated at the top of this document ("**Service**").

The Service is provided to you by Roche in conjunction with Foundation Medicine as set out below:

- The Service is offered in your country by Roche Diagnostics (Thailand) Ltd. 18th-19th floor, Rasa Tower, 555 Phaholyothin Road, Chatuchak, Chatuchak, Bangkok 10900 Thailand. ("**Roche Affiliate**") together with Synergy Insight Co.,Ltd. 372 Sukhapiban 5 Road, Tha-Raeng, Bang-Khen, Bangkok 10220 Thailand ("**Service Provider**") which is the contracting party for the performance of the Service. The Service Provider and Roche Affiliate is responsible for the processing of any personal data received from you in the context of providing the Service together with Roche Diagnostics Asia Pacific Pte. Ltd. #10-01/09 Aperia Tower 1, 8 Kallang Avenue, Singapore 339509 ("**Roche**") in accordance with applicable law and the Personal Data Protection Act BE 2562 (2019) of Thailand in particular and as applicable. Roche handles the central coordination and quality of the Service provision. Roche, Roche Affiliate and Service Provider can be contacted at the contact details set out in **Section 3** below.
- To provide the Service, Roche collaborates with Foundation Medicine Inc., 400 Summer Street, Boston, MA 02210, USA ("**FMI Inc.**") which conducts the molecular genetic services as further explained in **Section 1** below. In limited cases, as further set forth in Section 1.D.iv below, Foundation Medicine GmbH, Nonnenwald 2, 82377 Penzberg, Germany ("**FMI GmbH**") will carry out the data processing activities as needed to provide the laboratory services for the applicable test and FMI Inc. will provide certain parts of the data analytics for the Service, in which case your data will be transferred to FMI GmbH in Germany. In such cases, personal data processing activities will be subject to General Data Protection Regulation (Regulation (EU) 2016/679) ("**GDPR**") and FMI GmbH and FMI Inc. will – as joint controllers - jointly process your personal data on systems and applications operated by FMI Inc. in the US. FMI Inc. and FMI GmbH are hereinafter, collectively, referred to as "**FMI**". FMI can be contacted at the contact details set out in **Section 3** below.

This Patient Information and Declaration of Consent ("**Patient Consent Form**") informs you about the processing of your personal data by your treating physicians, Service Provider, Roche Affiliate, Roche and FMI and serves as the basis to obtain and document your consent to the processing of your personal data.

IMPORTANT NOTE: Please provide your consent on the original of this document and return it to your treating physician and Service Provider or Roche Affiliate, as applicable. The copy is for your records.

Section 1 (Mandatory Consent) –

Consent to the Processing of your Personal Data for Purposes of Providing the Service¹

Your consent to the processing of your personal data pursuant to this **Section 1** is required to provide the requested Service², including for billing purposes. To give your consent, please provide your signature at the end of this **Section 1**.

¹ To identify the Service ordered, please see selection at the top of this Patient Consent Form.

² To identify the Service ordered, please see selection at the top of this Patient Consent Form

A. Processing of Billing and Contract Data by Roche Affiliate and Roche
(NOTE: only applicable to patients paying for themselves)

If you pay for the Service yourself, your treating physician will collect the following billing and contract data from you to complete the order form and transmit such data to both the Roche Affiliate and Roche:

- First and last name
- Postal address
- Phone number
- Email address
- Bank account details
- Information regarding the status of the examination (as relevant for the purposes of billing and coordinating the cooperation between the parties involved in the provision of the Service)

The recipients are jointly responsible for the processing of your data. Roche Affiliate will process such data to the extent necessary for the purpose of performing the contract and invoicing for the Service. Roche will process such data to the extent necessary for purposes of central coordination, quality of the Service provision and for providing customer support services.

For clarification, if you do not pay for the Service yourself, your treating physician will not provide any of the data mentioned under subsection A. above to Roche Affiliate or Roche.

B. Assignment of Order ID by Roche

Roche will review your physician's or Service Provider's order and assign an Order-ID to your case if the contract is accepted. Roche will make that Order-ID available to your treating physician, your pathologist (as specified below under **Section 1.C**), Service Provider, Roche Affiliate and FMI as required to provide the Service to you.

The Order-ID is a central identifier of your case that allows your treating physicians and pathologist to exchange data on your case with Roche, Service Provider, Roche Affiliate and FMI.

C. Preparation of Specimen by Pathologist (if applicable)

To prepare your tissue specimen (as required for your Service), your treating physician and/or Service Provider will cooperate with the following pathologist and exchange with that pathologist the data which are relevant for the diagnostic Service (e.g. diagnosis and date of birth), including, if necessary, the complete patient file. This Section C does not apply where only blood sample is required for your Service or where the pathologist is employed at the same hospital as your treating physician. See Section D.ii below.

Pathologist	
Hospital/Lab	
Pathologist (first and last name)	
Business address	
Phone	Fax
Email	

D. Laboratory Analysis and Report Creation by FMI

i) Test Requisition Form Data

Following assignment of the Order-ID by Roche, your treating physician or pathologist or Service Provider will complete a test requisition form with the below data (together the "**Test Requisition Form Data**") and provide it to, as applicable, Service Provider, Roche Affiliate, Roche and FMI:

- Order-ID
- Patient name
- Date of birth
- Sex
- Diagnosis, stage
- Specimen site
- Specimen-ID (identifier of the blood/tissue specimen)
- Date of specimen collection
- International classification of the disease (ICD-10 Code)
- Status of transplant
- Contact information of your treating physician and pathologist

In addition to the information above, your treating physician, pathologist, Service Provider or Roche Affiliate may also provide:

- your pathology report (in redacted form) where more detailed diagnosis and sample information could be helpful for the provision of the Service; or
- through the test requisition form, a unique identification number (such as a patient reference number). This number will be printed on the Report as this should help your treating physician or pathologist to assign the report to you more efficiently.
- your contact information for specimen return purposes in exceptional cases where no other viable specimen return options are available and upon discretion of your treating physician and/or Service Provider;
- your phone number to Roche as part of your physician's and/or Service Provider's order to enable Roche to, together with your date of birth, create a one way-hashed unique identification number ("**Hashed ID**") for you for the following purpose. The Hashed ID will be shared with FMI and used by FMI (together with other of your Test Requisition Form Data such as date of birth and country where your order is placed) in the future to (i) link any new Service ordered for you by your treating physician and/or Service Provider to your previous Services and (ii) create for your treating physician(s) [and/or Service Provider reports that capture your genomic results over time to monitor evolution of your disease ("**Longitudinal Reporting**"). Roche will not retain your phone number or use it for any other purpose. FMI will under no circumstances receive from Roche your phone number or be able to decrypt the Hashed ID. FMI and Roche will retain and use your Hashed ID only for the purpose of linking previous and future Services to enable Longitudinal Reporting. If no Hashed ID has been created for your previous or current Service, FMI may use your name and other of your Test Requisition Form Data as necessary, or upon request by your treating physician the Order-ID for your prior Service(s) (if provided by your treating physician and/or Service Provider to enable Longitudinal Reporting.

ii) Sharing and processing of your Test Specimen and Test Requisition Form Data

The FMI laboratory site carrying out the laboratory services for the applicable test (i.e. either FMI Inc. or, in certain cases as described below FMI GmbH) will receive (i) your blood or tissue specimen from your treating physician or pathologist or Service Provider (as required by your Service, as described in **Section 1.C** above) and (ii) your Test Requisition Form Data from either Roche or directly from your treating physician or pathologist or Service Provider. Except in case you have provided your optional consent to the processing of your personal data for research and scientific purposes (as set out in **Section 2** below), FMI will process the Test Requisition Form Data only for purposes of providing the requested diagnostic Service, i.e.:

- to confirm receipt of the correct specimen;
- to assess a pathology review (confirm disease ontology and assess tumour content) by employed or freelance pathologists and scan the tissue slide;

- to extract the DNA/RNA from your test specimen and sequence the relevant cancer genes that are associated with tumour genesis and tumour progression; and
- to analyse the obtained genomic data for genomic biomarkers, such as gene mutations, match the data of specific genomic biomarkers with targeted therapies and ongoing clinical studies and prepare the final report ("**Report**") on the identified genomic biomarkers and the available therapy options. It cannot be guaranteed that there will be any available therapy options.
- as applicable, for purposes of Longitudinal Reporting (as defined above in Section D i).

In case your treating physician has selected certain additional pathological tests (such as PD-L1) which are offered by Roche as optional parts of the Service, Roche and FMI will involve either (i) a FMI laboratory site located in the US that offers such additional pathological testing or (ii) external pathologists located within Germany (as Roche's subcontractors), to provide the Service. Where external pathologists (not FMI) are engaged for these purposes, the external pathologists will receive limited Test Requisition Form Data, the results of the pathology review and your tissue specimen (as required for the optional pathological test) solely for purposes of performing the pathological test and report creation.

Other than as necessary to provide the requested Service (and except in case you have provided your optional consent as set out in **Section 2** below), FMI will not further analyse or process your DNA/RNA. For the avoidance of doubt, neither Roche nor Service Provider or Roche Affiliate will have access to your DNA/RNA.

iii) Sharing of your Report

The Report will then be transferred to the Service Provider (where applicable), your treating physician and pathologist and, if applicable, further recipients named by your hospital, clinic or other medical facility who will be involved in your treatment and need to have access to the Report as a basis for the decision on your future therapy.

In those limited cases where FMI GmbH is carrying out the laboratory services, as further set forth in Section 1.D.iv below, FMI GmbH will involve external pathologists located within Germany who will be granted with access to your Report to verify and release the final Report, as required for internal quality assurance and compliance with regulatory requirements.

Your Report and information may also be further made available to other appropriate teams at FMI Inc. or external service providers acting as processors on behalf and in accordance with the instructions of FMI for uses that support your treatment. These include

- using and sharing your information in the context of a multi-disciplinary Molecular Tumour Board where your healthcare provider desires to discuss your report and treatment options with other physicians and oncology experts; and
- using your information to identify standard of care treatments and/or clinical trials you may be eligible for and, where appropriate, informing your treating physician (and/or other healthcare providers within the same institution) of those treatment and/or clinical trials options.

FMI may access and use your data for these trial and treatment matching services for a period of up to 3 years after the release of your Report to your treating physician or Service Provider; in no event will any (bio)pharmaceutical partner, clinical research organizations or any other third party that is not acting as a processor on behalf and according to the instructions of FMI to perform the treatment services described in this **Section 1** receive from FMI any of your data without your prior explicit consent.

iv) FMI Site for Service

In most cases of the Service FMI Inc. will:

- (1) carry out the laboratory service for the applicable Service and be responsible for the processing of: (a) your Test Requisition Form Data and (b) your blood and/or tissue specimen (as required for your Service) in order to extract your DNA/RNA and sequence the relevant genes; and

- (2) process your Test Requisition Form Data and sequenced data, as necessary for conducting an analysis of the obtained sequenced data, matching potential therapies and clinical trials to the identified mutations, and creating your Report.

In exceptional cases where FMI Inc. is unable to carry out the steps in (1) above: your Test Requisition Form Data and blood or tissue specimen (as applicable) will be transferred by Roche and/or your treating physician or pathologist or Service Provider directly to FMI GmbH in Germany, and FMI GmbH will then carry out the processing activities in section (1) above. For more details about the roles of FMI GmbH and FMI Inc. in the context of your specific Service, please contact your treating physician or FMI at the contact details set out in **Section 3** below.

v) Data Transfer Protections

As necessary to provide the Service, and in case you have provided your optional consent to the processing of your data for research and scientific purposes (as set out in **Section 2** below), your data (e.g., Test Requisition Form Data and your blood or tissue specimen) will be transmitted to FMI Inc. in the US or, in exceptional cases, to FMI GmbH in Germany.

In the exceptional cases where your data and blood or tissue specimen will be transferred to FMI GmbH in Germany, FMI GmbH will further ensure that your data are adequately protected as required by EU data protection laws. To this end, FMI GmbH and FMI Inc. have entered into contractual safeguards on the basis of the EU Standard Contractual Clauses (according to Art. 46 GDPR) and, to the extent necessary, implemented further supplementary measures as requested by applicable data protection regulators. Further, as mentioned above, your Report will be sent in those exceptional cases by FMI GmbH to your treating physician and pathologist and Service Provider located in *Thailand*, and thus to a country outside the EU/EEA, the laws of which may not provide for the same level of data protection as considered adequate in the European Union.

As necessary to provide the Service, FMI may further engage technical service providers as processors for the hosting and operation of its databases, portals and applications. These service providers may be located in the EU/EEA or the US. In case of service providers in the US used by FMI GmbH, FMI GmbH will ensure that appropriate safeguards are in place to provide for an adequate level of data protection, such as by entering into data transfer agreements with the applicable service provider on the basis of the EU Standard Contractual Clauses or standard data protection clauses adopted or approved by the European Commission (Art. 46 GDPR).

FMI will, however, also be provided with your blood and/or tissue specimen (as required for your Service), which contains your DNA/RNA and, therefore, your unique genetic fingerprint. FMI will not sequence and process your data to obtain your genetic fingerprint. Any report provided to Roche, Service Provider or your treating physician will also be free of such information.

You can find out more information about the safeguards implemented by FMI, including how to obtain a copy of them, by contacting FMI at the contact details set out under Section 3 below.

E. Central Coordination of Services, Quality of Service Provision and Customer Service by Roche and Service Provider and Roche Affiliate

Roche and Service Provider and Roche Affiliate will process your personal data for the purposes of central coordination of the Services, ensuring the quality of the Service provision, and handling of customer service requests. To the extent necessary for these purposes, Roche receives the relevant information from Service Provider and Roche Affiliate and/or your treating physician or, as applicable, the pathologist (Test Requisition Form Data) and FMI (Test Requisition Form Data, information about status of Service). Roche will never receive your blood/tissue specimen, extracted DNA/RNA or obtained sequenced data. In connection with the purposes described above, Roche and Service Provider and Roche Affiliate may:

- manage access to the Test Requisition Form Data and make it available to FMI and, in the event of missing or inaccurate Test Requisition Form Data, work with the pathologist identified in **Section 1.C** (as applicable) and your treating physician to correct the data set;

- track the status of the provision of the Service on the basis of the Order-ID; and
- to the extent necessary to handle report-specific questions from your treating physicians, have access to the Report stored at FMI.

Roche and FMI will ensure by implementing appropriate technical and organisational measures that Roche's and Service Provider's access to the Report will only be made on a case-by-case basis, upon receiving a support request and to the extent required to fulfil the support request, in particular to provide the treating physician with information, for example, if the report was not provided to the physician or if your treating physicians have report-specific questions.

F. Term of Storage; Deletion

The data and documents received, collected or generated in relation to the Service (including the Report and the information specified in Sections 1 A, 1 C, and 1 D above will be stored by (a) Roche in the systems used for Services in regular production operation (as opposed to archive systems) for 10 years starting from the date of the release of the Report to your treating physician ("**Completion of the Service**"), then archived and deleted in accordance with statutory obligations and (b) by Roche Affiliate for only that period of time as necessary to perform the Service.

Except in case you have provided your consent to the processing of your data for research and scientific purposes (as described under **Section 2**), FMI Inc. will store your data and any portion of your blood/tissue specimen remaining after or generated as part of performing the Service only for as long as necessary to comply with statutory obligations to provide the Service and for the purposes of providing a physical audit trail, in case the integrity or identification of the specimen needs to be established. In the exceptional cases where your sample will be sent to FMI GmbH the following timelines apply:

- **Blood /Tissue Specimen:** After Completion of the Service, or in case the Service ends because you withdraw your consent:
 - any remaining tissue specimen in the form of a tissue block that was not used up by FMI in the performance of the Service will be returned by FMI to the pathologist specified above under **Section 1.C** or otherwise your treating physician;
 - any slides of tissue specimen received or created during performance of the Service will be returned upon request and otherwise stored for 10 years by FMI GmbH and discarded thereafter;
 - any extracted DNA/RNA will be stored by FMI GmbH for a maximum of 1 year; and
 - blood specimens will be discarded by FMI once no longer required for the Service.
- **Test Requisition Form Data & Report:** The Test Requisition Form Data (see **Section 1 D** above) and the Report will be stored by FMI for a maximum of 10 years after the Completion of the Service, except where stored in combination with a specimen that requires a longer retention time than 10 years, in which case your data will be stored for the longer period described above.
- **Scanned Tissue Slides and Sequenced Tumour Genome:** The scanned tissue slides and the obtained sequencing raw data will be stored at FMI for a maximum of 10 years after the Completion of the Service. Curated sequencing data will be stored for a maximum of 10 years after the Completion of the Service.

Your personal data will be fully deleted/destroyed after the above time periods except that FMI Inc. may further process certain information, including in fully anonymized form (i.e., without such information being directly or indirectly attributable to your person), as set out in **Section 2** below.

G. General Data Protection Information

The information in **Section 3** ("**General Data Protection Information**") form an integral part of this consent and provide further details about the processing of your personal data and your rights.

H. Consent to the Processing of my Personal Data in accordance with Section 1.

I hereby consent to the processing of my personal data, including my health data, as specified in Section 1 above for purposes of providing the requested Service (as indicated at the top of this Patient Consent Form), including the transfer of my personal data to FMI Inc. in the US, FMI GmbH in Germany, and back to Thailand. I am aware that I am not obliged to provide this consent and that I may withdraw this consent at any time by contacting my treating physician and/or Service Provider or

Roche Affiliate. I may also contact any of the data protection officers named under Section 3 A. The withdrawal of my consent does not affect the lawfulness of any processing based on my consent before its withdrawal.

If I withdraw my consent, the requested Service will be deemed to be terminated and will be stopped at its then current stage. Roche and Service Provider and Roche Affiliate will be released from their duty to perform the Service.

I am free to provide my consent. However, if I do not grant my consent, the Service cannot be provided.

Place / Date

Patient Name (in capital letters)

Patient's signature*

* To be signed by the legal guardian in the case of minors

Section 2 (Optional Consent) –

Consent to the Processing of your Data and Residual Material for Research and Scientific Purposes

If you give your consent by providing your signature at the end of this **Section 2**, your data and any material, other than any tumour block, remaining after the performance of the Service and/or generated as part of providing the Service (referred to as “residual material” in this **Section 2**) will also be used by FMI, including in a commercial context, for research and scientific purposes to improve the understanding of tumour genesis and tumour progression and to facilitate the improvement, validation and development of new diagnostic and therapeutic approaches for the treatment of genetic diseases. Your consent to the processing of your personal data and use of your residual material as described in this **Section 2** is voluntary, and you can freely decide whether and to what extent you wish to grant your consent.

A. Processing of Data and Residual Material for Research and Scientific Purposes

In case you provide your consent to the processing of your data and residual material by signing this **Section 2** (Optional Consent) of this Patient Consent Form, you agree that FMI Inc. and, in limited instances and in such instances, as a joint controller with FMI Inc., FMI GmbH will:

- store (i) any data received and/or generated as part of providing the Service (i.e., Test Requisition Form Data, scanned tissue slides, sequencing data, supplementary molecular information if applicable) together with the prepared report and (ii) any residual material for research and scientific purposes for a maximum period of 10 years after Completion of the Service. For the avoidance of doubt, any residual material available as tumour block and not fully used up will be returned to the pathologist specified above under **Section 1 C** or otherwise your treating physician;
- process such data and residual material, including in a commercial context, for research and scientific purposes, including statistical analysis, to further understand the causes for tumour genesis and tumour progression as well as to improve, validate and/or develop new diagnostic and therapeutic approaches for the treatment of genetic diseases, including to improve the Services FoundationOne CDx, FoundationOne Liquid CDx and FoundationOne Heme. This may include processing of your name to connect the data generated as part of providing the Service with your outcome data (i.e. information relating to survival, disease progression or treatment response which is known to your treating physician); and
- disclose such data and provide the residual material for the above purposes in pseudonymized or anonymized form, including in a commercial context, to external academic, industrial or other collaboration partners. Your residual material will only be disclosed in a de-identified form without any additional information which could either directly or indirectly be attributed to your person.

Your personal data and residual material will only be used for any other purposes compliant with applicable law or in fully anonymized form (*i.e.*, where the information has been rendered anonymous so that it can no longer in any way (neither directly nor indirectly) be attributed to your person).

B. General Data Protection Information

The information in **Section 3 (“General Data Protection Information”)** form an integral part of this consent and provide further details about the processing of your personal data and your rights.

C. Consent to the Processing of my Personal Data in accordance with Section 2.

I hereby consent to the processing of my personal data, including my health data, and residual material by FMI, including in a commercial context, for research and scientific purposes as specified in Section 2 above. I am aware that I am not obliged to provide this consent and that I may withdraw this consent at any time by contacting my treating physician. I may also contact any of the data protection officers named under Section 3 A. The withdrawal of my consent does not affect the lawfulness of any processing based on such consent before its withdrawal. I understand that even in case I withdraw my consent, FMI will continue to process any data and/or residual material already fully anonymized by FMI before the withdrawal.

I am free to provide my consent to the above. If I do not provide consent, or I withdraw my consent at a later time, such withdrawal will not affect the provision of the requested Service.

Place / Date

Patient Name (in capital letters)

Patient's signature*

* To be signed by the legal guardian in the case of minors

Section 3 – General Data Protection Information

The following general data protection information applies to all data processing activities described in **Section 1** and **Section 2**.

A. Contact Details; Data Protection Officer

Roche Affiliate: Roche Diagnostics (Thailand) Ltd. 18th-19th floor, Rasa Tower, 555 Phaholyothin Road, Chatuchak, Chatuchak, Bangkok 10900, Thailand

Service Provider: Synergy Insight Co.,Ltd. 372 Sukhapiban 5 Road, Tha-Raeng, Bang-Khen, Bangkok 10220 Thailand

Roche: Roche Diagnostics Asia Pacific Pte. Ltd. #10-01/09 Aperia Tower 1, 8 Kallang Avenue, Singapore 339509

FMI Inc.: Foundation Medicine Inc., 400 Summer Street, Boston, MA 02210, USA

FMI GmbH: Foundation Medicine GmbH, Nonnenwald 2, 82377 Penzberg, Germany

The data protection and privacy officers of Roche, Service Provider, Roche Affiliate and FMI are your points of contact regarding any questions, suggestions or complaints concerning the processing of your personal data.

Their contact details are as follows:

Data protection officer of **Roche Affiliate**: Roche Diagnostics (Thailand) Ltd. 18th-19th floor, Rasa Tower, 555 Phaholyothin Road, Chatuchak, Bangkok 10900, Thailand, jonathan.guo@roche.com, +66(2) 791-2217

Data protection officer of **Service Provider**: Synergy Insight Co.,Ltd. 372 Sukhapiban 5 Road, Tha-Raeng, Bang-Khen, Bangkok 10220 THAILAND, fmi.sicontact@gmail.com, +66 (80) 080 8200

Data protection officer of **Roche**: Roche Diagnostics Asia Pacific Pte. Ltd. #10-01/09 Aperia Tower 1, 8 Kallang Avenue, Singapore 339509, singapore.diag@roche.com, +65 - 6272 7500

Data protection officer of **FMI Inc.**: Foundation Medicine, Inc., 400 Summer Street, Boston, MA 02210, dpo.fmi-us@foundationmedicine.com, Phone: +1 (888) 988-3639

Data protection officer of **FMI GmbH**: Foundation Medicine GmbH, Nonnenwald 2, 82377 Penzberg, Germany; dpo.fmi-germany@foundationmedicine.com, Phone: +49 (8856)905-3715

B. Security

Roche, Service Provider, Roche Affiliate and FMI take appropriate technical and organizational measures to protect your personal data against accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

C. Your Rights

Within the scope of applicable data protection laws you have the right,

- to request information about the data processed about you, and to obtain a copy of such data (right of access);
- to obtain the rectification of inaccurate data or, taking into account the purposes of the processing, request the completion of incomplete data (right to rectification);
- to obtain the erasure of personal data to the extent one of the grounds provided for by statutory law applies (right to be forgotten);
- to the extent the statutory requirements are fulfilled, to obtain the restriction of processing of your data (right to restriction of processing);
- to the extent the statutory requirements are fulfilled, to receive any personal data you provided to Roche and/or FMI and/or Service Provider or Roche Affiliate in a structured, commonly used and machine-readable format and to transmit those data to another controller or, where technically feasible, have the data transmitted (right to data portability); and
- not to be subject to an automated individual decision making if the statutory requirements are not fulfilled. An automated individual decision making is not taking place.

You further have the right to:

- object, on grounds relating to your particular situation and in accordance with applicable law, to any processing of your personal data based on the ground that the processing is necessary for purposes of legitimate interests pursued by Roche and/or FMI and/or Service Provider or Roche Affiliate (right to object);
- withdraw your consent at any time without affecting the lawfulness of processing based on consent before its withdrawal; and
- lodge a complaint with a data protection authority, in particular the data protection authority competent for your place of habitual residence or place of the alleged infringement.

To exercise your rights, please contact your treating physician. You may also contact Roche and/or FMI and/or Service Provider or Roche Affiliate as well as their respective data protection officers named above under **Section 3. A.**

Section 4 – Physician Attestation

I hereby attest that the information contained in this consent form has been discussed with the patient and/or the patient’s parent/guardian and informed consent obtained and further was signed in my presence.

Place / Date

Physician Name (in capital letters)

Physician’s signature
