



ClearStrand-ASD Caregiver Confirmation & Consent

A health care provider ("HCP") has placed an order for the ClearStrand-ASD test ("Test") for a child in your care ("Patient"). To receive the sample collection kit for the Test ("Kit"), please review the information provided on the Test Requisition Form (TRF) by or on behalf of the HCP and sign the form below. If any of the information is missing or inaccurate, please reach out to LinusBio's customer service for assistance, at 1-877-LinusBio (877-546-8724) or support@linusbio.com, 9-6pm ET (Mon-Fri).

Health Care Provider Information		
HCP First Name	HCP Last Name	
Patient Information		
First Name	Last Name	DOB MM/DD/YYYY:

Important Information

ClearStrand-ASD is a biochemical test intended to help health care providers rule out autism spectrum disorder ("ASD") when it is a concern in children aged 1 month up to 48 months. ClearStrand-ASD must be ordered by a licensed health care provider and is available by prescription only. ClearStrand-ASD results can be negative or non-negative. A child with a negative result is unlikely to be on the autism spectrum. A child with a non-negative result may need further autism diagnostic evaluation. ClearStrand-ASD is not a standalone diagnostic test. Health care providers should consider the test result in the context of other factors relevant to their clinical decision making. ClearStrand-ASD analyzes a strand of hair to map the dynamic patterns of an individual's unique biological response to environmental exposures over time at a molecular level and uses an algorithm to assess the likelihood of ASD from the patterns. It is not a genetic test. The test is performed by the LinusBio CLIA certified (CLIA# 31d2307499) laboratory and has not been cleared or approved by the US Food and Drug Administration (FDA).

By signing this form, you represent, warrant, and covenant that: (1) you are the parent and/or legal guardian of the Patient and only you, the HCP, or any other healthcare professional operating under the HCP's supervision or control will collect any sample in connection with the Test from the applicable Patient; (2) you agree to the testing of any collected sample that you provide or cause to be provided to LinusBio; (3) you have read this form and any other information provided by or on behalf of the HCP explaining how the Test works, its potential risks, and any limitations it may have, you fully understand the risks and limitations associated with the Test (including the possibility of incorrect results), and you have fully discussed with the applicable HCP any questions or concerns that you had about the Test to your complete satisfaction and understanding; and (4) you understand and accept that the HCP is solely responsible and liable for any medical advice provided to you regarding the Patient, including the use and interpretation of the Test, diagnosis of the Patient, and any other healthcare services provided in connection with the Test. You understand that you can contact the HCP if you need more information about the Test or can contact LinusBio at 1-877-LinusBio (877-546-8724) or support@linusbio.com if you have questions about the Kit or shipping.

You are aware that LinusBio might contact you for reasons such as research, sharing general information about research findings, and/or providing information about the Test results. You can let LinusBio know that you don't want to be contacted in the future by phone at 1-877-LinusBio (877-546-8724) or support@linusbio.com. You also understand that you can contact LinusBio at support@linusbio.com to access the Test result, request corrections of any information you submitted directly to LinusBio, express concerns about LinusBio's privacy practices, or to revoke this authorization at any time before LinusBio performs the Test. For questions regarding the Patient's medical records or health condition, please contact your HCP.

You agree to LinusBio's [Privacy Policy](#)

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Caregiver Name (Print): _____

Caregiver Signature: _____ Date: _____