

Consent form for Quattro test

I have been fully explained about the followings regarding Quattro test.

*Please check each items listed below that you understand and accept.

- ☐ Overview of Quattro test
- ☐ What Quattro test can and cannot tell
- ☐ Our diversity and congenital diseases
- ☐ Characteristics of the diseases that are subject to testing
- ☐ It costs 33,000 yen and out-of-pocket medical care
- ☐ If the test is positive, genetic counseling should be required at specialized facilities to determine appropriate plans

I have received an explanation from my doctor about all the above matters and fully understand them, so I hereby consent to the test.

Year Month Date

Patient signature:

Partner/spouse signature:

Doctor's signature:
