

SAMPLE INFORMATION

Date Collected (mm/dd/yyyy) _____ Time Collected (hh:mm am/pm) _____ Number of Whole Blood Tube/s Collected (Streck tubes only) _____

Hospital Status at the time of Collection (check the box below):

Inpatient (Discharge Date mm/dd/yyyy) _____ Outpatient Physician Office Laboratory/Phlebotomy

Contraindications

Pancreatic Cysts including Mucinous Cystic Neoplasm (MCN) and Intraductal Papillary Mucinous Neoplasm (IPMN); Acute or Chronic Pancreatitis;
Current Active Cancer Diagnosis

CONSENT TO ADDITIONAL USES OF DE-IDENTIFIED SAMPLES AND DATA

ClearNote Health is requesting your consent to keep, use, and disclose your de-identified samples and data indefinitely for ongoing scientific research, technical development, and other activities including for quality control and analysis, test validation, assay development and improvement, scientific research, publication or presentation, and market research. If these activities result in commercial products or compensation of any sort, proceeds will not be shared with you or your family, even if your de-identified sample(s) or data are used. This consent is optional and clinical testing will be performed whether you provide consent. If you do not check the box and sign below, ClearNote Health will interpret this as "Opt-Out" and your de-identified samples and data will not be used for scientific research, test development, or other secondary activities. If you sign below and later decide that you no longer want ClearNote Health to use your de-identified samples or data for these purposes, you can send a written revocation of consent to ClearNote Health at the address below. Any such revocation will not have any effect on the following: (i) any sample or data that has been de-identified and cannot be readily traced back to you; or (ii) any use or sharing of samples or data that has already occurred.

By checking this box and signing below, I acknowledge that I have read the consent to additional uses of samples and data above and consent to ClearNote Health's retention, use, and disclosure of de-identified samples and data as described above. You have read and agree to the Data Protection Addendum incorporated herein by reference <https://www.avantect.com/patient-privacy>

➡ Patient Signature _____ Date (mm/dd/yyyy) _____