DNA PROCESSING CONSENT FORM

Kit/Sample#
By signing this consent form, you consent to NutriByome, LLC processing of your DNA data to
 Convert your physical sample into DNA data. Use your DNA data to provide you with online personal DNA analysis reports about your relative risks for various health conditions, as well as personal insights related to your detoxing capabilities, nutritional requirements, and athletic performance characteristics. Provide a copy of your DNA report to the practitioner who ordered the test.

- Use your anonymized data to help maintain and create new test features/services.
- Be stored as an anonymized whole raw genome file on a Health Insurance Portability and Accountability Act ("HIPAA") compliant server. It will only be deleted or made accessible upon your request.
- Be stored as an anonymized custom genome data file on a Health Insurance Portability and Accountability Act ("HIPAA") compliant server, so that you can have unlimited online access to your personalized DNA reports.

If you would like more information on the privacy and security of your information, please refer to our privacy policy online at drshaynemorris.com

I consent to the collection, processing, and use of my DNA data for uses listed above. (If submitting a sample that is not yours you must have legal authorization to give consent for this person):

PATIENT'S NAME:	_PATIENT'S DOB: (mm/yyyy):	
PATIENT'S SEX AT BIRTH: MALE	☐ FEMALE	
TATIENT O SEA AT BIRTH.		
PATIENT'S SIGNATURE (or Parent/Guardian):		
PARENT/GUARDIAN'S PRINTED NAME (if applicable):		

If you decline to give consent to the DNA processing, you will not be able to have your DNA data processed, and therefore will not be able to receive your DNA test results.

Patient's date of birth is required on this form for legal purposes and will not be shared publicly. If you are between the ages of 13 and 17, you must have a parent or guardian sign this form