

RESEARCH SUBJECT CONSENT FORM

TITLE: Sample Collection for the Feasibility, Development, and Analytic Validation of a Single-gene Noninvasive Prenatal Test (DYADS)

PROTOCOL NO.: 24-076-WH
WCG IRB Protocol #20241531

SPONSOR: Natera

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**STUDY-RELATED
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RESEARCH CONSENT SUMMARY

You are being asked for your consent to take part in a research study. This document provides a concise summary of this research. It describes the key information that we believe most people need to decide whether to take part in this research. Later sections of this document will provide all relevant details.

Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

If you have questions, concerns, or complaints, or think this research has hurt you, talk to the research team at the phone number(s) listed in this document.

How long will I be in this research?

We expect that your taking part in this research will last for a single blood draw.

Why is this research being done?

The purpose of this research is to collect blood or cheek swab samples for the development of a prenatal test.

What happens to me if I agree to take part in this research?

If you decide to take part in this research study, the general procedures include a single blood draw.

If you are a carrier for one or more of the disorders below, your child has the option to provide a cheek swab sample instead of a blood sample:

- Cystic fibrosis (CF)
- Spinal muscular atrophy (SMA)
- Alpha-thalassemia
- Beta-hemoglobinopathies including sickle cell disease
- Additional disorders as approved by the study medical monitor

If you are a carrier for any other disorder, your child has the option to provide a cheek swab sample instead of blood only if your child is 2 years of age or younger, does not meet the weight requirement of 10 kg (22 lbs), or your child who is under 18 does not have a successful blood draw.

Could being in this research hurt me?

The most important risks or discomforts that you may expect from taking part in this research include discomfort from the blood draw.

Will being in this research benefit me?

It is not expected that you will personally benefit from this research.

Possible benefits to others include a new prenatal test in the future.

What other choices do I have besides taking part in this research?

This is not a treatment study. Your alternative is to not participate.

What else should I know about this research?

Other information that may be important for you to consider so you can decide whether to take part in this research is that no results will be returned to you. Sheetal Parmar, MS holds equity in the sponsor company. Please feel free to ask any further questions you might have about this matter.

DETAILED RESEARCH INFORMATION

Taking part in this research is voluntary. You may decide not to participate, or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

If you have any questions, concerns, or complaints or think this research has hurt you, talk to the research team at the phone number(s) listed in this document.

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

In this consent form “you” generally refers to the research subject.

Why is this research being done?

People who become pregnant may be carriers for certain genetic disorders that can be passed on to their children. There are tests available to determine whether the pregnant person is a carrier for some of those disorders. There are also tests available for the newborn children of carriers to test whether the child has the genetic disorder or is a carrier for the genetic disorder.

Natera, Inc., the study sponsor, is developing a blood test for pregnant people that could be used in the future while they are pregnant (prenatal test) to tell whether the fetus is affected by the disorder.

The purpose of this research is to collect blood samples from maternal parents who are carriers for certain genetic disorders and from their children. A cheek swab may be collected instead of a blood sample from children in certain circumstances as outlined below in section “What happens to me if I agree to take part in this research?”. Research subjects will be parents who are carriers and one of their children. The child may either:

- Have the disorder
- Not have the disorder and is a carrier for the disorder
- Not have the disorder and is not a carrier for the disorder

The disorders that are included in this research study are:

- Cystic fibrosis (CF)
- Spinal muscular atrophy (SMA)
- Alpha-thalassemia
- Beta-hemoglobinopathies including sickle cell disease
- Additional disorders as approved by the study medical monitor

About 1100 maternal subjects and one of their children, for a total of up to 2400 people, will take part in this research.

How long will I be in this research?

We expect that your participation in this research will last until you complete your blood sample collection and your child completes the blood or cheek swab sample collection.

What happens to me if I agree to take part in this research?

In order to participate in this research study, you must sign this informed consent form and agree to allow one of your children to participate and have their blood drawn.

If you are a carrier for one or more of the disorders below, your child has the option to provide a cheek swab sample instead of a blood sample:

- Cystic fibrosis (CF)
- Spinal muscular atrophy (SMA)
- Alpha-thalassemia
- Beta-hemoglobinopathies including sickle cell disease
- Additional disorders as approved by the study medical monitor

If you are a carrier for any other disorder, your child has the option to provide a cheek swab sample instead of blood only if your child is 2 years of age or younger, does not weigh at least 10 kg (22 lbs), or your child who is under 18 does not have a successful blood draw due to mobile phlebotomy availability or a redraw is needed.

Depending on each child's age, they may also be asked to sign one of the following forms:

- If your child is age 18 or older, they will be asked to sign their own informed consent form
- If your child is age 6 through 17, they will be asked to sign a form called an assent

Children age 5 and under do not need to sign an additional form; it is only necessary that you as the parent agree to allow them to participate.

If your child is age 18 or older and chooses not to sign their own consent form, or, if your child is age 6 through 17 and chooses not to sign the assent form, you will no longer be able to participate in the study.

Next you will provide test results that show your carrier status, if they are available. The research team will review your test results and confirm that you are eligible to participate in the study.

You will have up to 60 mL (about 4 tablespoons) of blood taken from a vein in your arm (venipuncture). If your child has a blood draw, they will have up to 20 mL (about 4 teaspoons) of blood taken from a vein in their arm. The blood samples will be collected by a service called mobile phlebotomy; the mobile phlebotomy service will come to your home or to a location of your choice to complete the blood draw. If your child has a cheek swab sample collected, this will be performed by you or a mobile phlebotomy service.

For your sample collection by a mobile phlebotomist, your personal identifying information such as name, date of birth, address, phone number and email, and your child's name and date of birth will be collected and entered into the scheduling system. This is required for the scheduling and conducting of the mobile phlebotomy and will not be part of the study data. The research team and the mobile phlebotomist vendor will have access to this system.

You will be contacted by phone by the mobile phlebotomist to finalize the date and time for the study sample collection appointment. The mobile phlebotomist will label your samples by your Study Participant ID which is a unique ID that is assigned to you when you agree to participate in this study.

At the end of this form, you will have the option to agree to receive text messages relating to scheduled phlebotomy draw appointments. At any time, if you change your mind, you may opt out of receiving text messages by letting your research team know.

In order to develop the blood test, the study sponsor may perform testing on your blood or your child's blood or cheek swab sample to compare with the test results or health information you provide. Results of testing performed on your samples and your child's samples by the sponsor will be for research only and will not be returned to you or your healthcare provider.

What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible to:

- Sign informed consent
- Provide demographic information for you and your child including your age and your child's age and biologic sex
- Provide your carrier test results, if available
- Provide records confirming your child's diagnosis, if applicable
- Provide permission for your child to participate in the study
- Complete the sample collection for you and for your child

Could being in this research hurt me?

The most important risk or discomfort that you may expect from taking part in this research are from the physical study procedures being performed which is a blood draw. The risks of the blood draw are minimal, and include pain and bruising at the draw site, and in rare cases, infection. There is minimal risk of discomfort from the cheek swab. There is also a risk of loss of confidentiality.

Will it cost me money to take part in this research?

There will be no cost to you for participating in this research.

Will being in this research benefit me?

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research. However, possible benefits to others include the development of tests that could help pregnant people who are carriers of certain disorders identify their fetus's risk of having the disorder while they are still pregnant.

What other choices do I have besides taking part in this research?

This research is not designed to diagnose, treat or prevent any disease. Your alternative is to not take part in the research.

What happens to the information collected for this research?

Information about your participation in this research study will be shared with individuals and organizations that conduct or watch over this research, including:

- The research sponsor
- People who work with the research sponsor
- Government agencies, such as the Food and Drug Administration (FDA)
- WCG IRB, the Institutional Review Board (IRB) that reviewed this research
- Mobile phlebotomy company
- Natera Kit logistics team
- The company working with the sponsor to provide you with payment

Information about your participation in this research study will be kept confidential as described in this form and as permitted by applicable law. Your participation in this research study may be noted in your medical records. Information from your medical records may also become part of the study record.

Representatives from Sponsor (Natera) including monitors and auditors acting on its behalf, the Institutional Review Board (IRB), the Food Drug and Administration (FDA) or other regulatory and/or monitoring agencies, or WCG IRB, the Institutional Review Board (IRB) that reviewed this research may need to gain access to medical records to ensure the research study is performed in accordance with the study protocol. These organizations will see your name, other personal identifiers and your medical information, but will not disclose this information to anyone else unless required by law.

Information collected about your participation in this research study will be disclosed to the research team and its authorized representatives using a unique study subject identification number.

If you are a participant who has had a Horizon screening test, by signing this consent you permit Natera to use your Horizon Case ID to retrieve information required for this study from your commercial test result stored in Natera's laboratory management system (LIMS). This information will become part of the study dataset. Your Case ID may be provided either by yourself, from your medical records or by your study doctor.

Study data will be stored in a secure study database to be analyzed and reported for scientific, regulatory and reimbursement purposes. Access to this database will be limited to trained individuals who have a need to know this information.

The results of this research study may be submitted to regulatory agencies in the US and other countries where the Sponsor may seek regulatory approvals. If the results of the research study are published, your identity will not be disclosed.

Sponsor may engage other companies to perform services on its behalf necessary to carry out this research study. These companies may require access to your information but will be expected to keep it confidential.

The study staff, the Sponsor and their respective representatives will take appropriate measures to maintain the privacy and security of your information; however, absolute confidentiality cannot be guaranteed. Therefore, there are potential risks related to a loss of data privacy and confidentiality associated with participating in this research study.

Sponsor may also share information collected and generated from this research study with other researchers and collaborators for purposes of preparing publications that report the results of the data, applying to regulatory authorities for product approval and/or reimbursement purposes. In such cases, Sponsor will take appropriate measures to ensure that your identity remains confidential as explained in this form.

The Sponsor and other researchers and collaborators may also use and disclose information collected and generated from this research study and your samples for purposes other than the primary study. However, your name, date of birth and other information that directly identifies you will be removed from the data and samples prior to any such use.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number(s) listed in this document.

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may contact them at 855-818-2289 or clientcare@wcgclinical.com if:

- You have questions, concerns, or complaints that are not being answered by the research team
- You are not getting answers from the research team
- You cannot reach the research team
- You want to talk to someone else about the research
- You have questions about your rights as a research subject

What if I am injured because of taking part in this research?

If you are injured or get sick because of being in this study, obtain emergency medical treatment immediately if needed, and notify the research team immediately. Your insurance may be billed for this treatment.

The Sponsor (Natera) will pay you back for reasonable medical expenses for the treatment of any injury or illness that is directly related to the procedures required by the study protocol that were done correctly and only because you were participating in the study. Natera does not plan to pay you for any treatment that is paid for by a third party like your healthcare insurance provider or the government, or the cost of any treatment due to your underlying illness or condition and was caused by you or some other third party. Natera does not plan to pay you for any other injury or illness-related costs, such as lost pay. No other payment is routinely available from the Natera. However, signing this form does not stop you from pursuing legal action for the injury.

Can I be removed from this research without my approval?

The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:

- It is in your best interest.
- You have a side effect that requires stopping the research.
- The research is canceled by the FDA or the sponsor.
- You and your child are unable to complete the sample collection.

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research.

What happens if I agree to be in this research, but I change my mind later?

If you decide to leave this research, contact the research team so that the investigator can stop contacting you to complete study procedures. You may stop participation in the research at any time without penalty or loss of benefits to which you are otherwise entitled. If you leave the research, no new information will be gathered after that date; however, information that has already been gathered may still be used and given to others.

Will I be paid for taking part in this research?

For your time taking part in this research, you and your child (under 18 years of age) may be paid jointly up to a total of \$345. Your payments will be broken down as follows:

- \$195 for time to complete screening, enrollment and sample collection
- \$25 for each participant for time to provide demographic data (\$50 total for maternal parent and child under 18 years of age)
- \$50 each participant for time to request the release of and upload result reports if applicable (\$100 total for maternal parent and child under 18 years of age if reports are uploaded for both)

If your child is 18 years of age or older, you both may be paid up to a total of \$195 each. Your payments will be broken down as follows:

- \$120 for time to complete screening, enrollment and blood draw
- \$25 for time to provide demographic data
- \$50 for time to request the release of and upload test results and health diagnosis reports if applicable

Under certain circumstances, a blood draw may be unsuccessful, e.g. mobile phlebotomist may have difficulty locating a vein after multiple attempts, there may be insufficient volume collected, etc. In these cases, if you are asked and willing to provide another sample, you will be compensated an additional \$50 for the redraw. The maximum number of redraw attempts will be 2.

To send you payment for your participation, it is required that your personally identifying information (such as name, email, address) will be viewed and shared as required with the company processing your payment on behalf of the sponsor.

Financial

The samples collected for use in this study, or any information obtained from your and your child's samples may result in new products, tests or discoveries. Natera will not compensate you or your child if a diagnostic product is developed using your or your child's samples or medical information collected during this study. In some instances, the samples and information from your and/or your child's samples may have potential commercial value and may be developed and owned by Natera (the Sponsor of the Study) or others conducting research using your samples and information from your samples, and/or others. Samples, data and any product, test or discovery created as a result of, or using, those samples are the property of Natera and/or potentially others. Neither you nor your child will not receive any financial benefits from these products, tests or discoveries or have any rights to future inventions.

Legal rights

You do not give up your legal rights by signing this form.

Mobile Phlebotomy Text Messages

Please mark with a clear X:

YES _____ NO _____ I agree to be contacted by text message for mobile phlebotomy scheduling reminders. This is for the purposes of this study only.

Statement of Consent:

- Children under 6 are not required to assent. Children 6 and older are required to assent, unless the investigator determines that the capability of the child is so limited that the child cannot reasonably be consulted
- If assent is obtained, have the child sign the assent form if able, or have the parent sign the assent form to document verbal assent if the investigator determines that the child is NOT capable of signing.

Your signature documents your permission for you and your child to take part in this research.

Printed Name of Child

Date

Signature of Parent

Date

Signature of person obtaining consent

Date

AUTHORIZATION TO USE AND DISCLOSE INFORMATION FOR RESEARCH PURPOSES

What information may be used and given to others?

The study doctor will get your personal and medical information. For example:

- Past and present medical records
- Research records
- Records about phone calls made as part of this research
- Records about your study visits.

Who may use and give out information about you?

The study doctor and the study staff. They may also share the research information with an agent for the study doctor, if applicable.

Who might get this information?

The sponsor of this research. “Sponsor” means any persons or companies that are:

- working for or with the sponsor, or
- owned by the sponsor.

Your information may be given to:

- The U.S. Food and Drug Administration (FDA),
- Department of Health and Human Services (DHHS) agencies,
- Governmental agencies in other countries,
- Institutions where the research may be supported,
- Governmental agencies to whom certain diseases (reportable diseases) must be reported, and
- Institutional Review Board (IRB).

Why will this information be used and/or given to others?

- to do the research,
- to study the results, and
- to make sure that the research was done right.

If the results of this study are made public, information that identifies you will not be used.

What if I decide not to give permission to use and give out my health information?

Then you will not be able to be in this research study.

May I review or copy my information?

Yes, but only after the research is over.

May I withdraw or revoke (cancel) my permission?

This permission will be good until December 31, 2070.

You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the study doctor. If you withdraw your permission, you will not be able to stay in this study.

When you withdraw your permission, no new health information identifying you will be gathered after that date. Information that has already been gathered may still be used and given to others.

Is my health information protected after it has been given to others?

There is a risk that your information will be given to others without your permission.

Authorization:

I have been given the information about the use and disclosure of my health information for this research study. My questions have been answered.

I authorize the use and disclosure of my health information to the parties listed in the authorization section of this consent for the purposes described above.

AUTHORIZATION SIGNATURE:

Signature of Parent

Date

CALIFORNIA EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another has the right to:

- (a) Be informed of the nature and purpose of the experiment.
- (b) Be given an explanation of the procedures to be followed in the medical experiment and any drug or device to be used.
- (c) Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment, if applicable.
- (d) Be given an explanation of any benefits to the subject reasonably to be expected from the experiment if applicable.
- (e) Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
- (f) Be informed of the avenues of medical treatment, if any, available to the subject after the experiment or if complications should arise.
- (g) Be given an opportunity to ask any questions concerning the experiment or other procedures involved.
- (h) Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue in the medical experiment without prejudice.
- (i) Be given a copy of a signed and dated written informed consent form when one is required.
- (j) Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion or undue influence on the subject's decision.