Informed Consent Form for Molecular Oncology Test

Genecast (hereinafter referred to as "Genecast" or the "Company") provides testing services for next-generation sequencing analysis of tumor-related genes upon request from licensed physicians. The following information is fully disclosed to ensure subject understands the nature, risks, and limitations of the service. Written consent will be obtained only after subject has read, understood, and agreed to the disclosed information and related authorizations.

Testing and Risk Disclosure

1. Precision medication guidance testing
   1.1 This test detects gene variations in blood or tumor tissue samples that are related to tumor occurrence, progression, and treatment response. It may provide information on molecular classification, prognosis, and genomic biomarkers that are associated with response to immunotherapy, helping clinicians design individualized treatment plans.
   1.2 The test is based solely on the samples provided by the subject. Results are for medical reference only and do not constitute a clinical diagnosis.
   1.3 Due to multiple complex factors, the principles and criteria for data analysis cannot be absolutely precise or objective. Any treatment recommendations in the report do not imply that other drugs or therapies are ineffective or irrelevant.
2. The test results are primarily intended for the purposes explicitly stated in this Consent Form. Should Genecast wish to use the test results for any other purpose not described herein, separate, explicit written consent from the Subject will be obtained. The results are for medical reference only and do not constitute a clinical diagnosis. The Subject acknowledges that their use as evidence in other contexts may be subject to legal and regulatory requirements applicable to the Subject.
3. Possible errors or limitations in the results, which are not attributable to Genecast, may arise from factors including but not limited to: (i) limits of current research on mutations and genomic biomarkers; (ii) technological or operational limitations; (iii) variability among different test items; (iv) approximate values derived within defined ranges; (v) acceptable margins of error; (vi) abnormal physical conditions of the subject; (vii) subject fails to follow procedures or precautions; and (viii) other factors such as equipment or sample quality.
4. Genecast will provide testing strictly in accordance with standard procedures but is not liable for disclosed or undisclosed risks beyond its control. By signing this Consent Form, the subject acknowledges and accepts these risks.

Matters Needing Attention in Testing

1. Genecast will provide testing services only after receiving the physician's application, the subject's signed informed consent, full payment of testing fees, and qualified samples.
2. Genecast does not collect or prepare samples. Samples must be transferred or delivered in accordance with standard procedures, and collection, preparation, and transportation are the responsibility of the subject or an institution authorized by the subject.
3. If the submitted sample is insufficient or of inadequate quality, Genecast may request a replacement. Failure or refusal to provide one will make the subject solely responsible for all resulting consequences.
4. Genecast will issue the report within the agreed timeframe, however, any delays occur for reasons unrelated to testing (such as incomplete sample information, transportation issues, poor sample quality, need for resubmission, or force majeure) shall not be the responsibility of Genecast.
5. Genecast will safeguard submitted samples, but is not liable for loss or damage caused by accidents or force majeure.
6. MRD testing follows a tissue-prior strategy; if no qualifying somatic variants are found in the tissue, or if the customized panel results fail to meet quality control standards, subsequent blood testing for MRD will be terminated.

Testing Results and Personal Information

1. **Data Protection Notice**

PERSONAL DATA PROTECTION NOTICE

This notice explains how Genecast collects, uses, and protects your personal data in accordance with Singapore's Personal Data Protection Act 2012 (PDPA).

Data Protection Officer Contact:

Email: clinicalrequest@genecast.com.sg

Address: #02-01/02, The Kendall, 50 Science Park Road. Singapore Science Park 2, Singapore 117406

Your Rights Under the PDPA:

(i) Right to access your personal data
(ii) Right to correct inaccurate data
(iii) Right to withdraw consent (where applicable)
(iv) Right to request deletion of data (subject to legal requirements)
(v) Right to data portability

To exercise these rights, contact our Data Protection Officer using the details above.

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2. Subject has received Genecast's clear explanation of the meaning and value of the test results, or have otherwise understood this information, and acknowledge the following:
   (i) The results reflect only the submitted samples as tested under Genecast's standard procedures and do not represent the subject ' s actual health status at the time of testing;
   (ii) Any link between the results and the subject's health or identified disease does not constitute a judgment or guarantee regarding health, disease, or treatment outcomes;
   (iii) The results serve only as reference information to support clinical decision-making, and cannot be the sole basis for diagnosis or treatment, nor replace or discourage ongoing treatment of value;
   (iv) Subject with full civil capacity—or Subject's qualified guardians, if capacity is limited—must correctly interpret the results, actively seek or encourage treatment, and bear all legal consequences of actions based on the results.
3. Genecast will keep subject's personal information confidential and implement reasonable security arrangements to protect personal data from unauthorised access, collection, use, disclosure, copying, modification, disposal or similar risks, in accordance with applicable laws and regulations, including the Personal Data Protection Act (PDPA) of Singapore. Disclosure will only occur if required by law, authorized by the subject, or made voluntarily by the subject or their representative. Subject agrees that Genecast may provide test results and related data directly to the ordering physician as needed for diagnosis and treatment. Subject also authorizes Genecast and its affiliates to analyze test results and, where appropriate, share detailed analyses with the testing hospital for scientific research.
4. Subject confirms that the personal information and materials provided to Genecast regarding the subject are true, accurate, and complete. The subject agrees to authorize Genecast, its parent, affiliates, and controllers to access, copy, and use the subject's personal information for the following purposes and for a period necessary to fulfil these purposes and any legal and regulatory obligations:
   (a) completing the testing service;
   (b) improving testing techniques and methods;
   (c) conducting scientific research and publishing results (using anonymised or pseudonymised data where practicable) and for the publication of scientific results (only in an anonymised or aggregated form that prevents re-identification of the Subject);

5. Optional Authorisations for Direct Marketing and Other Services (Requires Separate Opt-in Consent)**:** I agree that Genecast and its affiliates may use my personal information to provide me with additional treatment choices, health-related options, or other value-added services which may be of benefit to me.
   [ ] Yes, I agree to receive such information and services.
   [ ] No, I do not agree**.** I understand that I am providing my consent for *my own* personal information only, and Genecast will not use the personal information of my family members for these purposes without their explicit consent. I understand that I can withdraw this optional consent at any time by contacting Genecast's Data Protection Officer.

6. The Subject understands and agrees that their personal information may be transferred to Genecast's parent company, affiliates, or data processors located outside of Singapore (e.g., in countries where Genecast's affiliates and data processors operate, such as People's Republic of China) for the purposes stated in this Consent Form. Genecast will take reasonable steps to ensure that any personal data transferred outside of Singapore receives a standard of protection comparable to that under the PDPA.

7. Any refusal explicitly stated in the "Special Authorization Content" section of this Consent Form will be deemed a prohibition on Genecast exercising these rights, except for personal information necessary to complete the testing service.

8. Right to Access and Correction**:** The Subject has the right to request access to their personal data held by Genecast and to request corrections to any inaccurate or incomplete personal data. To make such a request, please contact Genecast's Data Protection Officer. Genecast may charge a reasonable fee for an access request to cover the administrative costs of providing the requested information.

9. Withdrawal of Consent: The Subject may withdraw their consent for the collection, use, or disclosure of their personal data for any purpose, at any time, by providing reasonable notice to Genecast's Data Protection Officer. Withdrawal of consent may affect Genecast's ability to provide certain services. Genecast will inform the Subject of the likely consequences of withdrawing consent.

Statement and Warranty of the Subject

1. The Subject fully understands and acknowledges that if any provisions stipulated by laws, regulations, normative documents, or policies regarding gene sequencing affect this testing service and its results, Genecast has the right to immediately adjust and improve these provisions in accordance with applicable laws and regulations.
2. The Subject understands the value and significance of this testing, and voluntarily agrees to undergo the testing and pay the corresponding testing fee.
3. The Subject fully understands the nature, risks, and necessity of the testing, and authorizes Genecast to handle and utilize the testing samples and any resulting wastes.
4. The Subject guarantees that all clinical data and treatment history information related to anti-tumor drugs provided are true, complete, and accurate. If the information is incomplete, inaccurate, or leads to a failed interpretation of genetic testing results, the Subject voluntarily assumes all responsibilities and consequences. The Subject voluntarily waives any right to pursue liability against Genecast, including but not limited to claims for testing fees or other

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compensations.

5. The Subject agrees to keep confidential all undisclosed information acquired during the testing process regarding Genecast's testing procedures, methods, and costs, and shall not disclose such confidential information to any third party except for non-competing potential customers.
6. The Subject fully understands, acknowledges, and agrees to all the terms of this Informed Consent Form, and grants Genecast the relevant rights and permissions after careful consideration.
7. The Subject agrees that the Molecular Oncology Test Request Form and this Informed Consent Form For Molecular Oncology Test constitute an integral part of confirming the legal relationship between the subject and Genecast regarding the providing of testing services.

Please read the Informed Consent Form and statement carefully and sign or write special authorization contents separately.

Subject represents:

I have been fully informed of the contents and the detailed explanation of this Informed Consent Form. I have carefully read this Informed Consent Form and fully understand the purpose, significance, procedures, results, and potential risks of "next-generation sequencing analysis of tumor-related genes", as well as all other contents of this Informed Consent Form. I voluntarily agree to undergo the testing.

I acknowledge and promise to provide Genecast with true, complete, and accurate personal information, clinical data, and anti-tumor drug treatment history of the Subject.

I voluntarily and personally sign this Informed Consent Form and agree to comply with all commitments, rights, and authorizations stated herein.

Special Authorization Content:

Subject Signature: **Date:**

(*For a subject who lacks, or has limited, capacity to provide informed consent, the following alternative signatures may be used*)

The legal representative has read, understood, and accepted the above statement on behalf of the subject:

Signature of Legal Representative:

Relationship to Subject: **Date:**

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