



Early Days Baby Scan Ltd
 Wakefield, UK

Location ID: 02657
 Sample Type: UKClinical

Consent Form

PRINT BELOW USING ALL CAPS

Name: _____

Mailing Address: _____

Phone: _____

Date of Birth: _____

Email: _____

NOTE: The result will be sent to this email.

**First date of
 Last Menstrual Period
 (MM/DD/YY):** _____

OR

**Baby's Estimated
 Due Date
 (MM/DD/YY):** _____

NOTE: You must be at least 6 weeks into pregnancy.

CONSENT TO DNA TESTING AND TERMS OF SERVICE:

By signing below, I consent to this testing. I confirm that I have followed all collection instructions. I understand that all materials and products provided by Gateway Genomics, LLC ("Gateway") are provided for informational purposes only and that I should consult with a physician or healthcare provider regarding any questions pertaining to fertility or pregnancy. I further recognize that this does not replace a woman's need to visit a doctor during pregnancy or to have an ultrasound or other pregnancy-related tests performed. I understand that Gateway is not liable for any damages caused to me or anyone else as a result of using this product. Furthermore, I assure that I am not using this product for reasons relating to gender selection or any other medical purpose. By making a purchase from Gateway, I agree to release, indemnify, and hold harmless the company, all of its officers and employees from all liabilities associated with the product(s) purchased. I understand that Gateway is not liable for any actions that might be taken by myself or anyone else as a result of using this service. **I agree that any disputes arising between me and Gateway shall be resolved by final and binding arbitration under the rules and auspices of the American Arbitration Association, to be held in San Diego, California, in English. You and Gateway agree that each may bring claims against the other only in your or its individual capacity, and not as a plaintiff or class member in any purported class, consolidated, or representative action.**

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE TERMS OF SERVICE (TOS) PROVIDED AT

<http://sneakpeektest.com/terms-of-service>.

Patient's Signature: _____

Collection Date: _____

Print Name: _____