



Release of Sequencing Data Request

PATIENT INFORMATION

<input type="text"/>
Patient's Name
<input type="text" value="MM / DD / YYYY"/>
Patient's Date of Birth
<input type="text"/>
Order/Accession Number
<input type="text"/>
Patient's Preferred Phone
<input type="text"/>
Patient's Email

ADDRESS WHERE DATA WILL BE SENT

<input type="text"/>		
Attention		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City / Town	State	Zip Code

CONSENT TO RELEASE OF DATA

(Signature of parent(s) or legal guardian required to request data on any individual under age 18)

I understand that I have requested the FASTQ, BAM and VCF files generated from (my/my child's) genetic sequencing test. This may include data from a sequencing panel, Whole Exome Sequencing (WES), and/or Whole Genome Sequencing (WGS). I understand that my (family member/I) will have access to all of (my/my child's) sequencing data. Given that variability exists in bioinformatics pipelines used to analyze sequence data and generate variant lists, it is possible that research sequence analysis pipelines will uncover additional variants not included in the initial clinical report. Any additional analyses performed using the provided files should be considered research results and should not be used for medical management without appropriate confirmation and interpretation by a qualified genetics provider. Individuals receiving raw sequence data are strongly encouraged to share any new discoveries with our laboratory.

Print Patient/Representative Name: _____

Signature (Patient/Representative): _____ Date _____

BILLING INFORMATION

I agree to a \$150 Genomics charge to my credit card by PerkinElmer for release of my sequencing data.

<input type="text"/>
Cardholder Signature

<input type="text"/>		
Cardholder Printed Name as Appears on Card		
<input type="text"/>		
Credit Card Billing Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number	CVV	
<input type="text" value="MM/YY"/>	<input type="text"/>	
Card Exp. Date	Cardholder Phone	