

## PATIENT INFORMATION

Patient's Name

Street Address City / Town State Zip Code

Patient's Date of Birth Order/Accession Number

Patient's Preferred Phone Patient's Email

## PERSON TO RECEIVE DATA

Patient Listed Above  
 Healthcare Provider (fill in below)

Name

Street Address

City / Town State Zip Code

Phone

Email

## DATA FORMAT

Please send a secure physical hard drive with my data\*

I would like to download my data from a secure FTP server. Please contact the Person Indicated to receive data above. \*\*

\* There is a \$150 charge for this service. Please fill out the billing section below. Available for U.S.-based clients only.

\*\* Please note that data downloads may require up to 60 gigabytes of free hard drive space for each individual's data files.

## 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 (For Data Requests via Hard Drive)

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

Cardholder Signature

Cardholder Printed Name as Appears on Card

Credit Card Billing Street Address

City / Town State Zip Code

Credit Card Number CVV

Card Exp. Date Cardholder Phone