



Release of Sequencing Data Request

Available for Exome and Genome Tests Only



PATIENT INFORMATION

Patient's Name

Patient's Date of Birth Original Accession Number

PERSON TO RECEIVE DATA

Name

Street Address

City / Town State Zip Code

Phone

Email

DATA REQUEST TYPE

- FASTQ file
- Raw (unannotated) VCF file

DATA RELEASE METHOD

- REDATA1: Please send a secure physical hard drive with my data*
- REDATA2: I would like to download my data via an electronic file transfer.
"Person to Receive Data" will be contacted to coordinate.**

* There is a \$165 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 80 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 and/or Raw VCF file(s) generated from (my/my child's) genetic sequencing test. This may include sequencing data from a Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS) test. PerkinElmer Genomics does not currently accept raw data requests for sequencing panel tests or the CNGnome® Test. I understand that (my family member/I/health care provider) 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 \$165 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