



Consent For Release of Sequence Data from XomeDX

The ordering health care provider can request release of data for a patient and/or family members, with the consent of each individual whose data is being requested. Data will be provided as BAM and/or VCF files (aligned sequence data or variant call format).

Patient: _____	DOB: _____	GeneDx#: _____
Mother: _____	DOB: _____	GeneDx#: _____
Father: _____	DOB: _____	GeneDx#: _____
Other: _____	DOB: _____	GeneDx#: _____

GeneDx has generated this sequence data using Agilent Technologies SureSelect systems for human exome sequencing to target exon regions. The targeted regions were sequenced using the Illumina HiSeq sequencing system with 100bp paired-end reads. GeneDx has evaluated the data generated by the XomeDx test for the purpose of a genetic diagnosis based on the clinical features reported. GeneDx does not provide interpretation of variants other than the variants that are related to the patient's clinical features as reported to GeneDx at the time of testing. GeneDx does offer a one-time re-analysis of WES data, including a report, at no additional charge.

Shipping address (Cannot deliver to P.O. Boxes):

Phone number: _____

Email*: _____

*Email is sent when data is shipped and a tracking number will be provided.

Data requested*:

VCF file

BAM and VCF files

*Files will be shipped via FedEx free of charge and will require a signature at the time of delivery.

Health Care Provider Consent:

_____	_____	_____
Health Care Provider Name (printed)	Signature	Date

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

I understand that my health care provider has requested the BAM and/or VCF files generated from my/my child's XomeDx test. I understand that my health care provider will have access to all of my/my child's XomeDx sequencing information, including variants in genes unrelated to the clinical indication for exome sequencing. I understand that any interpretation of the data outside the context of the GeneDx XomeDx test report is at my/my child's health care provider's discretion.

_____	_____	_____	_____	_____	_____
Signature 1	Date	Signature 2	Date	Patient's Signature	Date
_____	_____				
Signature (Other)	Date				

Please contact GeneDx at 301-519-2100 with questions regarding release of XomeDx sequence data.