

Release of data for a patient and/or family members can be requested with the consent of each individual whose data is being requested. Data will be provided as CRAM 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 massively parallel (NextGen) sequencing to target exon regions. The targeted regions were sequenced on an Illumina sequencing system with 100bp or greater 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

CRAM 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
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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/a family member/I has/have requested the CRAM and/or VCF files generated from my/my child’s XomeDx test. I understand that my health care provider/family member/I 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 variants not included in the GeneDx report should be considered research results and should not be used for medical management without appropriate confirmation and interpretation by a qualified genetics provider.

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.