

iHope at GeneDx



GeneDx is a member of the iHope Network, a philanthropic program that provides clinical whole genome sequencing (WGS) services at no cost to patients whose clinical features are believed to be genetic in origin and who do not have the financial means to pay for this testing.

GeneDx is currently accepting applications for any patient who fits these criteria, although preference is given to patients who have had very limited or no prior access to genetic testing.

Applications will be reviewed to determine if the patient and their unaffected parents (or other appropriate relatives) may be eligible for no-charge WGS at GeneDx as part of our iHope Network collaboration. Learn more: <https://www.illumina.com/company/ihope.html>

iHOPE APPLICATION PROCESS

- 1 Clinician identifies patient who could benefit from WGS and cannot otherwise afford this testing.
 - Blood samples are required from the proband and **both** biological parents for WGS.
 - Other informative relatives may be submitted for targeted segregation analysis.
- 2 Clinician completes the program application and submits detailed clinical records for review by the GeneDx iHope Clinical Review Group.
- 3 GeneDx iHope Clinical Review Group meets monthly to review all submitted applications and determines which cases will be accepted for no-charge WGS.
- 4 GeneDx communicates to clinician whether the submitted case has been accepted for iHOPE WGS.



iHOPE TESTING PROCESS

If a case is accepted to the iHope program:

- Clinician obtains specimens and consents for testing from the family.
- Clinician submits the above, along with a WSG test requisition form, to GeneDx.
- GeneDx provides the clinician with a written report upon completion of testing (check GeneDx.com for current turnaround times).

Application for whole genome sequencing through the iHope Program at GeneDx

APPLICATION DATE:	NAME OF CLINICIAN COMPLETING APPLICATION:	
CLINICIAN'S INSTITUTION:	CLINICIAN'S CITY:	CLINICIAN'S STATE:
CLINICIAN'S COUNTRY:	CLINICIAN'S PHONE NUMBER:	CLINICIAN'S EMAIL:
GENEDX CLIENT NUMBER:	PATIENT'S NAME:	PATIENT'S DATE OF BIRTH:

BIOLOGICAL MOTHER

Is available for testing
 Yes No

Is Affected Unaffected

BIOLOGICAL FATHER

Is available for testing
 Yes No

Is Affected Unaffected

Please note that blood samples are required from the proband and **both** biological parents for WGS

BRIEF DESCRIPTION OF PATIENT/FAMILY'S FINANCIAL NEED (attach any supporting documentation), including the proband's insurance status/type as well as what efforts have already been made to get this or similar testing covered by insurance or other means and the results of these efforts:

BRIEF DESCRIPTION OF CLINICAL CONCERNS:

PLEASE EXPLAIN WHY THIS PATIENT WOULD BENEFIT FROM WGS THROUGH THE IHOPE PROGRAM, including why WGS is being sought for this patient as opposed to other genetic testing options:

INCLUDED WITH THIS APPLICATION ARE:

- Recent genetics clinic note
- Pedigree
- Imaging Reports
- Prior genetic testing reports
Approx. date the performing laboratory was last contacted to confirm the current classification of any reported variants: _____

- Prior exome sequencing report
Approx. date the performing laboratory was last contacted to confirm the current classification of any reported variants: _____
- Other lab studies
- Other relevant clinic notes
- Other financial information/documentation

Other:

The GeneDx iHope Clinical Review Group will review all provided clinical information and determine if the case will be accepted for no-charge WGS. GeneDx will communicate to the clinician completing this application whether or not this case will be accepted.

Questions can be sent to iHope@GeneDx.com.

Completed applications and clinical records can be emailed to **iHope@GeneDx.com** (preferred) or faxed to (301) 519-2892, Attn: iHope/Debbie Copenheaver.