BAYLOR GENETICS
READY WITH ANSWERS

SHIPPING Baylor Genetics
2450 Holcombe Blvd., Grand Blvd. Receiving Dock
Houston, TX 77021-2024
Phone: 713.798.6555
Fax: 713.798.2787

PROBAND WHOLE EXOME EXPANDED REPORT REQUISITION FORM (TEST CODE 1510)

FASCIMILE INFORMATION

To: Baylor Genetics Client Services
Fax: 713.798.2787
Phone: 800.411.GENE (4363)
Email: genetictest@bmgl.com

From: _____
Date: _____
Pages: _____

PATIENT INFORMATION

Patient Last Name * _____ Patient First Name * _____ MI _____ Date of Birth (MM/DD/YY) * ___/___/___

Accession # _____ Hospital/ Medical Record # _____ Baylor Genetics Lab # _____ Family # _____

☐ A Copy of Original Results Attached

* indicates required field.

REPORTING RECIPIENTS

Ordering Physician _____ Institution Name _____

Email (Required for International Clients) _____ Phone _____ Fax _____

◆ **ADDITIONAL RECIPIENTS**

Name _____ Email _____ Fax _____

Name _____ Email _____ Fax _____

ACKNOWLEDGEMENT AND AUTHORIZATION

The Proband Whole Exome Sequencing test is a highly complex test that is newly developed for the identification of changes in a patient's DNA that are causative or related to their medical concerns. In contrast to current sequencing tests that analyze one gene or small groups of related genes at a time, the Proband Whole Exome Sequencing test will analyze the exons or coding regions of thousands of genes simultaneously using next-generation sequencing techniques.

I acknowledge that I have received the Focused Proband WES test results for the above patient. Please refer back to our website, consent, and Proband WES requisition for details regarding this test. The expanded report may contain information on diseases and genes that do not relate to the patient's current condition, or may develop many years from now, or do not have any known link to disease, according to current knowledge. This information is broken down into three different categories:

- Deleterious Mutations in Disease Genes Unrelated to Clinical Phenotype
- Deleterious Mutations in Genes with no Known Current Association with Disease

This is additional information that was not included in the previously reported focused report. Because medical information continues to advance, it is important to know that the interpretation of the variants is based on information available at the time of testing and may change in the future.

Please read the below statements carefully and check the appropriate box. Please note that if neither box is checked the lab will default to the YES/ reporting option.

Variants of Unknown Clinical Significance (VUS) in Disease Genes Unrelated to Clinical Phenotype

☐ YES, please report VUS status. By checking this box, I choose to receive information regarding status of variants of unknown clinical significance in genes that have a disease association, but are unrelated to the clinical phenotype of the patient.

☐ NO, please do NOT report VUS status. By checking this box, I choose NOT to receive information regarding status of variants of unknown clinical significance in genes that have a disease association, but are unrelated to the clinical phenotype of the patient. Please note that if there is a variant in a gene that also has a mutation, the variant will not be reported if this opt out option is chosen.

This test may only be requested up until 6 months after the focused report was released. There is no additional cost associated with this report. If you have questions regarding this please call client services at 1-800-411-GENE.

I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions. I have obtained informed consent from the patient or their legal guardian for this testing.

Physician's Name _____ Physician's Signature _____ Date (MM/DD/YY) _____