BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

FAX FORM TO:
713-798-2787

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

TO: BMGL Client Services
FAX: 713-798-2787
PHONE: 800-411-GENE (4363)
EMAIL: genetictest@bcm.edu

FROM: _____
DATE: _____
#PAGES: _____

PATIENT INFORMATION & REQUEST

*LAST NAME: _____ *FIRST NAME: _____ ACC#: _____

*DATE OF BIRTH (MM/DD/YY): _____ BMGL LAB #: _____ FAMILY #: _____ MR#: _____

*REQUIRED FIELDS ☐ A COPY OF ORIGINAL RESULTS ATTACHED

REPORTING INFORMATION	ADDITIONAL PROFESSIONAL REPORT RECIPIENTS
PHYSICIAN: _____	NAME: _____
INSTITUTION: _____	PHONE: _____ FAX: _____
PHONE: _____ FAX: _____	NAME: _____
EMAIL (INTERNATIONAL CLIENT REQUIREMENT): _____	PHONE: _____ FAX: _____

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
- Variants of Unknown Clinical Significance (VUS) in Disease Genes Unrelated to Clinical Phenotype (see opt-out option below). Heterozygous unclassified variants associated with recessive disorders will not be reported unless a deleterious mutation or a second unclassified variant in the same gene is also detected.
- 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 Name: _____ Physician Signature: _____ Date: _____