Ambry Genetics®

Exome Re-Analysis Request

Complimentary re-analysis of exome sequencing data may be requested by the ordering clinician one time upon request or at any time the patient presents with a new phenotype. Re-analysis involves the identification and analysis of variants within newly identified genes or genes with new clinical associations related to the patient's phenotype, which may be revealed from the exome data based on updates in the literature. This analysis may also reveal new pathogenic variants among the pre-selected list of secondary findings. Since re-analysis relies on new data it is recommended to submit this request at least one year after the report has been issued. Re-analysis and/or amended reports will be issued for all re-analysis requests. The report type will be dependent on whether any new findings are observed. All reports will be issued for the proband only.

To request re-analysis of your patient's sequence data, please complete the information below. Data re-analysis may take up to 8 weeks.

Patient Name : _____

Ambry Accession Number : _____

Date Report Issued (found on the upper right corner of the report) : _____

Date of Request : _____

By ordering ExomeNext re-analysis, the undersigned person represents that he/she is a licensed medical professional authorized to order genetic testing OR is a representative of a licensed medical professional authorized to order genetic testing; acknowledges the patient has been supplied information regarding genetic testing and the patient has given consent for genetic testing to be performed and the signed consent form is on file. I confirm that this is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and that these results will be used in the medical management and treatment decisions for this patient.

Medical Professional Name : _____

Medical Professional Signature : _____

Phone : _____ Fax : _____

☐ Please also include re-analysis of the ACMG recommended list of secondary findings (secondary findings will only be re-analyzed if the patient initially opted-in for these results, unless a new consent form is provided).

Does the patient have any new clinical features which were not reported at the time of the initial analysis? If yes, please provide a summary below and/or attach any updated clinical records.

_____

_____

_____

_____

_____

_____

15 Argonaut, Aliso Viejo, CA 92656 USA Toll Free +1 866 262 7943 Fax +1 949 900 5501 ambrygen.com