

## General Application for Family Studies

Family studies on variant(s) of unknown significance (VUS) may help elucidate if the genetic change detected in your patient is an inherited or *de novo* event and/or whether it segregates with the disorder. Family studies are considered on a case-by-case basis and are authorized at the discretion of the medical director. Review of the proband's family history and clinical information is required.

**Conditions exhibiting autosomal dominant and X-linked inheritance may be considered for this program.\*** In order to be considered for a family study, please complete the following information and fax to Ambry Genetics at +1 949-271-5621 (ATTN: Family Studies) or email an attachment to [familystudies@ambrygen.com](mailto:familystudies@ambrygen.com). Due to the high volume of requests, please allow 7-10 days for a response from one of our genetic counselors.

Proband's name: \_\_\_\_\_ Accession number: \_\_\_\_\_

Physician/GC: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Which VUS(s) are you interested in testing?

2. Which of the proband's relatives are available for testing (if known)? *Please only list informative relatives.*

NAME (leave blank if unknown)	RESIDES OUTSIDE US*	GENDER	RELATIONSHIP TO PROBAND	HEALTHY	AFFECTED	DISEASE/SYMPTOMS (if affected)	DX AGE (if affected)
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

\* Please indicate if any of the proband's relatives live outside the United States, as special considerations may apply.

Please note clinical documentation may be requested on informative relatives to aid variant interpretation and reclassification efforts.

**Exclusions for family studies:** 1. The VUS is found at a high frequency in the general population (as reported by databases such as the SNP database, 1000 Genomes Project, Exome Sequencing Project, etc.) or at a very high frequency in patient cohorts (Ambry cohort or published cohorts). 2. Mutation of the gene involved is not known to have phenotypic consequences consistent with the patient's clinical symptoms based on published literature.

Please be aware that results for family studies have a longer turnaround time (4-6 months) since priority is given to clinical specimens. If you have any questions, please contact Ambry Genetics and ask to speak with one of our family study specialists at +1 949-457-4773 or email [FamilyStudies@ambrygen.com](mailto:FamilyStudies@ambrygen.com).

\*In certain cases, autosomal recessive disorders may be considered for family studies if an appropriate number of familial specimens are available to obtain adequate segregation data. Please consult one of our genetic counselors for special consideration.

## General Proband Information Form

Clinical information can help us provide genotype-phenotype correlation in your patient's report and optimizes our molecular analysis. Please attach pedigree and appropriate medical records that may aid variant assessment, or fill out the information below.

PROBAND INFORMATION				
Name (Last, First, MI)				
Accession number	DOB (MM/DD/YY)	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Portuguese <input type="checkbox"/> Other:	
PROBAND FAMILY HISTORY (or attached pedigree)				
<input type="checkbox"/> None (maternal) <input type="checkbox"/> Maternal hx unknown <input type="checkbox"/> None (paternal) <input type="checkbox"/> Paternal hx unknown				
Relation to patient	Mat.	Pat.	Diagnosis	Dx age
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
PROBAND CLINICAL HISTORY				
Diagnosis				Dx age
OTHER SIGNIFICANT FINDINGS (such as skin findings, non-cancerous lesions, imaging results, dysmorphic features, congenital anomalies, MR/LD/DD)				