Ambry Genetics®
A TEMPUS COMPANY

Patient Name: _____ DOB: _____

Ambry Accession Number: _____

PLEASE SUBMIT THIS COMPLETED FORM AND REQUIRED IDENTIFICATION DOCUMENT(S) BY EMAIL TO GENSCICOORDINATORS@AMBRYGEN.COM OR FAX TO 949-900-5501

Supplemental Data Consent Form [Internal Test Code: 9275]

Genetic testing creates a significant amount of unprocessed data (raw sequence data and filtered variant lists), some of which can only be viewed and interpreted using specialized computer software. Ambry Genetics provides the unprocessed data of an individual only when specifically requested, as it may contain data that includes false positives, unconfirmed results, or data that is not relevant to the ordered test. In alignment with the current NSGC position statement on raw genomic data, Ambry Genetics recommends that such unprocessed data only be used for research purposes and not to make decisions about the treatment of a patient. Ambry does not provide data interpretation or opine on data significance outside of the issued final report.

Filtered variant list (FVL) is provided in Excel spreadsheet format. Any FVL requested will be available to the original ordering provider via AmbryPort®, regardless of the requestor. A signature from the patient/guardian and from each fully sequenced family member (if applicable) is required for all direct-to-patient FVL requests.

Raw sequence data can be provided for any Next Generation Sequencing test and is available in two different file formats emailed via secure link. Authorized recipients must download the data within 90 days of receipt or the link will expire. A signature from the patient/guardian and from each fully sequenced family member (if applicable) is required for all raw sequence data requests.

Unprocessed data is not released until the clinical report has been released. Requested data will be sent to all email addresses listed on this form. **Turnaround time for Supplemental Data requests is 6-8 weeks.**

RAW SEQUENCE DATA:

☐ fastq file

☐ VCF file

FILTERED VARIANT LIST:

☐ Filtered variant list (only available for whole exome sequencing)

Data for all NGS tests will be provided unless otherwise noted. If RNA sequencing was performed, fastq files can be made available for RNA data upon request. Note that data may not always be available as requested. In such instances, Ambry will provide the data available or a team member will contact you.

AUTHORIZED RECIPIENTS | Ambry Genetics recommends against the delivery of this data directly to patients.

NAME	EMAIL	RELATIONSHIP TO PATIENT

PATIENT/GUARDIAN CONSENT

I understand that the authorized recipients listed above will be receiving unprocessed data results from genetic testing performed for me/the person for whom I am a caregiver. I understand that the information included in the data files may include findings not relevant to the ordered test, and data which has not undergone interpretation. I also understand that this data is for research purposes only and shall not be used for making treatment decisions. **Name, DOB, and signature of each individual for whom data is being requested is required for direct-to-patient FVL requests and raw sequence data requests:**

PATIENT NAME	DOB	PATIENT/GUARDIAN SIGNATURE	DATE

Copy of identifying document for each patient or parent/guardian is required for direct-to-patient requests. Examples of acceptable documents include: driver's license, DMV identification card, or passport. Data will only be released for individuals for whom we've received both a signature and identifying documentation.

Patient signature is not required if IRB approval for research is selected below.

MEDICAL PROFESSIONAL CONSENT

☐ IRB approval and patient consent have previously been obtained for this patient and/or family members (therefore, patient signature not required on this request).

I acknowledge and understand the disclaimer above. I confirm that the patient(s) who signed in the "Patient/Guardian Consent" section above is/are the patient(s) or guardian(s) of the patient(s) whose data has been requested.

Provider Signature : _____ Date : _____

Provider Name : _____ Phone : _____

Institution : _____ Email Address : _____

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