

## Raw Sequence Data Consent Form

### DISCLAIMER

Genetic testing creates a significant amount of unprocessed data that can only be viewed and interpreted using specialized computer software. In addition, the interpretation requires a thorough assessment by experienced professionals to create a test report that can help medical professionals make treatment decisions for patients. Ambry Genetics provides the unprocessed data of an individual only when specifically requested, as it may contain incorrect data like false positives, unconfirmed results, or data that is not relevant for the ordered test.

Ambry recommends that such unprocessed data only be used for research purposes and not to make decisions about the treatment of a patient based on these data.

*Note: Unprocessed data are not released until clinical testing is completed and a final report has been issued*

### RAW SEQUENCE DATA OPTIONS (please select one):

- BAM files
- fastq files
- VCF files

Raw data will be provided via a secure link. The requesting physician and all authorized recipients will be notified by e-mail when the raw data are available for download, usually 4-6 weeks from the final report date.

### PATIENT/GUARDIAN CONSENT

I have requested the unprocessed data resulting from the genetic test performed for me/the person for whom I am the caregiver. I also understand the limitations regarding this unprocessed data described above and that it should only be used for research purposes and not to make treatment decisions for me or the person under my care.

### NAME AND DOB OF EACH PATIENT/FAMILY MEMBER FROM WHOM YOU ARE REQUESTING RAW SEQUENCE DATA:

NAME	DOB	PATIENT/GUARDIAN SIGNATURE	DATE

### HEALTH CARE PROVIDER CONSENT

I acknowledge and understand the disclaimer above. I confirm that my patient has given consent for me to receive their unprocessed data and that my patient is aware of this request.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Institution : \_\_\_\_\_

Email Address : \_\_\_\_\_

### AUTHORIZED DATA RECIPIENTS

Raw data can be made available to the following individuals by request. Each authorized recipient may contact the laboratory to request raw data for the patient.

Name : \_\_\_\_\_

Email : \_\_\_\_\_

Name : \_\_\_\_\_

Email : \_\_\_\_\_