To submit request:
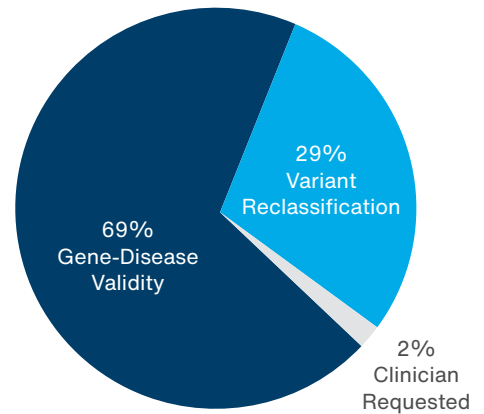**Fax: 949.271.5621**
Email: clinicalassistants@ambrygen.com

Exome Reanalysis Request

Most exome reanalysis is laboratory-driven when patients are tested at Ambry Genetics. The Ambry Patient for Life™ Program is our proactive reanalysis workflow that occurs when new gene-disease associations or variant classifications are identified. We automatically issue an amended report when new clinically relevant results are identified by our Patient for Life Program. In our experience, less than 2% of clinically relevant exome report updates have been identified following clinician-initiated reanalysis requests.

You can request complimentary reanalysis of exome sequencing data when there is **new clinical phenotype information** that could impact the results. We will complete a reanalysis notice for unchanged reports or we will issue an amended report when a new finding is identified, or a variant is reclassified. We review all previously reported relevant findings for changes to variant classification during reanalysis. Turnaround time for a reanalysis request is 6-8 weeks.

69% Gene-Disease Validity

29% Variant Reclassification

2% Clinician Requested

Proband name:	Date of Birth:
Ambry Accession #	Date of Request:

New phenotype information is required for this request. List new clinical features identified since the original analysis. Send any new test results (labs, imaging) and clinical notes.

List any genes of interest to be considered for differential diagnoses:	
List any previously reported variants of interest with clinical relevance:	
Include reanalysis of the ACMG secondary findings gene list?	Yes No

The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has given appropriate consent. I confirm that receipt of these results is medically necessary and that these results may impact medical management for the patient(s).

Provider's Name*/Credential:		
Provider's Organization:		
Provider's Signature:		
Phone:	Fax:	Email:

Internal test code: 9270/9271

* If you are not the original ordering clinician, you will be added to the order as an additional recipient.