Ambry Genetics®

Patient Name: _____ DOB: _____

Ambry Accession Number: _____

Supplemental Data Consent Form [Internal Test Code: 9275]

Genetic testing creates a significant amount of unprocessed data. Ambry Genetics provides the unprocessed data of an individual only when specifically requested, as it may contain data that includes false positives or unconfirmed results. 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.

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.

Filtered variant list (FVL) 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.

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 neurology panels and 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. To request this data, please email clinicalassistants@ambrygen.com.

**Patient consent is required for all fully sequenced members of the family (if applicable) for release*

AUTHORIZED RECIPIENTS

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 & signature of each individual for whom data is being requested is required:**

CLINICIAN NAME	DOB	CLINICIAN 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.

Signature : _____ Date : _____

Printed Name : _____ Phone : _____

Institution : _____ Email Address : _____

7 Argonaut, Aliso Viejo, CA 92656 USA Toll Free +1.866.262.7943 Fax +1.949.900.5501 **ambrygen.com**

MKT-SPEC-TRF-50014-EN v1 03.12.25