Ambry Genetics®

Filtered Variant Consent Form

PROBAND NAME : _____

PROBAND DOB : _____

Ambry Genetics provides the list of raw filtered variants when requested, with the understanding that the data will be used strictly on a research basis, and not for clinical purposes. Other than those described in the final report, the variants have not undergone thorough interpretation and/or may represent sequencing artifacts as most have not been confirmed by a second laboratory method. In the case that additional important findings related to the phenotype in question are identified, clinicians should immediately contact the laboratory for verification, and possibly, generation of an amended report. This list of variants may include secondary findings. All patients undergoing diagnostic exome sequencing (DES) have completed a consent form which includes the opportunity to opt-out of secondary findings disclosure.

Filtered variant list *(provided in excel format at no charge)*

PHYSICIAN CONSENT:

I understand that the receipt of the raw filtered variant list may include secondary findings, potential sequencing artifacts, and variants which have not undergone interpretation and the patients/family members listed below are aware that I am requesting this data. I also understand that any information gleaned from review of this data, outside that which is described in the patient's final report, is strictly for research purposes and shall not be used for clinical decision-making purposes. I understand that Ambry Genetics recommends against the delivery of these data to patients.

Signature : _____ Date : _____

Printed Name : _____ Phone : _____

Institution : _____ Email Address : _____

PATIENT/GUARDIAN CONSENT:

I understand that my doctor has requested receipt of the raw filtered variant list resulting from the diagnostic exome sequencing (DES) performed for me/the person for whom I am the caregiver. I acknowledge that the information included in the data files may include secondary findings, potential sequencing artifacts, and variants which have not undergone interpretation. I also understand that these data are for research purposes only and shall not be used for clinical decision-making purposes. I understand that Ambry Genetics recommends against the delivery of these data to patients.

NAME AND DOB OF EACH PATIENT/FAMILY MEMBER FROM WHOM YOU ARE REQUESTING THE RAW FILTERED VARIANT LIST: (ONE LIST WILL BE PROVIDED PER FAMILY)

NAME	DOB	PATIENT/FAMILY MEMBER SIGNATURE	DATE

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