

Patient Name		Affix barcode label of Patient's sample here
Date of Birth		

Form instructions:

- ✓ Specify the information to release the results/data recipient
- ✓ Fill in the contact information
- ✓ Sign at the bottom of page

Information to release	
<input type="radio"/> Copy of report(s)	Copy of report(s) refers to the clinical diagnostic test report issued to the ordering clinician under the patient's name. The information on the report contains PHI (protected health information) and requires the patient or authorized individual to approve releasing results to a third party.
<input type="radio"/> Raw sequence data	Raw sequence data refers to unanalyzed sequence data produced from sequencing the individual. Data will be provided in BAM and VCF formats only. Files will be delivered electronically through a portal for download and will be available for three months from the date requested.
Release options	
<input type="radio"/> Self (Patient/Legal guardian) *For raw data only	Full Name: Address: Phone number: Email*:
<input type="radio"/> Ordering Healthcare Provider	Full Name: Address: Phone number: Email*: Contact person:
<input type="radio"/> Other Third Party	Full Name: Address: Phone number: Email*: Contact person:

* Files will be shared using the Variantyx File Sharing Portal. Access credentials will be sent to this Email.

<p>Patient/Guardian Consent (signature of a parent or legal guardian is required for individuals under age 18): I understand that I am requesting my/my dependent's genetic results data. For raw data release: I understand that I will have access to all of my/my dependent's sequencing information including incidental findings, potential sequencing artifacts and variants which have not undergone interpretation. Specialized computer software is required to view and interpret this data. Variantyx, Inc. provides the data with the understanding that it will be used strictly on a research basis, and not for clinical purposes. I understand that any interpretation of the data outside the context of the Variantyx genetic test report is at my/my dependent's health care provider's discretion and that Variantyx bears no responsibility for the interpretation of the data by other individuals.</p> <p>Printed name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Please contact us at 617-209-2090 if you have any questions