



VYX:2-503:0322

Genomic Inform®
Test Requisition Form

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

Test Order	
<input type="radio"/> Genomic Inform®	Provides a whole genome sequence based test designed to identify variants that correlate with increased disease risk (e.g. genes related to cancer, cardiac conditions, late/adult onset disorders) and carrier status for autosomal or X-linked recessive diseases in a set of selected genes or variants in genes that are known to be pathogenic or likely pathogenic in other genes. This test includes sequence analysis (single nucleotide variants, deletions/insertions, characterized intronic and intergenic variants); analysis of copy number variants, duplications/deletions, mobile element insertions, inversions, and aneuploidy; mitochondrial genome sequence analysis with heteroplasmy and large deletions; and short tandem repeat expansion analysis in select genes. https://variantyx.com/genomicinform

Ordering Healthcare Provider			
First Name	Last Name	Title	NPI #
Facility Name			Phone
Facility Address			Fax
City	State	Zip Code	Email
Additional Report Recipients			
Name	Phone	Fax	Email
Name	Phone	Fax	Email

Healthcare Provider's Statement	
<p>By my signature below, I indicate that I am the referring physician or authorized healthcare provider. I have explained the purpose of the test described above. The patient has been given the opportunity to ask questions and/or seek genetic counseling. The patient has voluntarily decided to have the test performed by Variantyx for screening purposes. I attest that the patient (or guardian) has voluntarily consented to testing performed by Variantyx through both oral and written consent.</p>	
Healthcare provider name	
Healthcare provider signature	Date

Patient Information			
First Name	Last Name	MI	DOB
Address		ID / MR#	Genetic Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____
City		State	Zip Code
Phone	Email		Gender identification (optional): _____
Please check if your patient has had a:			
<input type="radio"/> bone marrow transplant <input type="radio"/> blood transfusion within the last 2 weeks			
We will contact you for additional specimen collection details.			

Patient Sample Information		
Sample Type	Sample Will Be Collected	Collection date
<input type="radio"/> Saliva <input type="radio"/> Assisted saliva <input type="radio"/> Blood <input type="radio"/> Genomic DNA <input type="radio"/> Other:	<input type="radio"/> In-house <input type="radio"/> By Variantyx	____/____/____

