



## Consent for Release of Genetic Testing Results

Please complete the following information below in order to request the release of genetic testing results.

### Information to release

**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.

**Raw sequence data**

Raw sequence data refers to unanalyzed sequence data produced from sequencing the individual. Data will be provided in BAM/CRAM format at Variantyx's discretion.

### Release options

**Self (Patient/Legal guardian) For raw data only\***

Full name

Address

Phone

Email

**Ordering Healthcare Provider**

Full name

Email

Phone

Email

Contact person

**Other Third Party**

Full name

Address

Phone

Email

Contact person

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

### 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.

Printed name

Signature

Date