

RAW DATA ORDER FORM

WHOLE EXOME SEQUENCING

Required fields are marked with an asterisk (*)

PATIENT INFORMATION*

All fields need to be filled if you are requesting family members' data.

Proband name:	DOB:	Order ID:	Data requested: BAM files VCF files
Family member #1 name:	DOB:	Order ID:	Data requested: BAM files VCF files
Family member #2 name:	DOB:	Order ID:	Data requested: BAM files VCF files

DELIVERY INFORMATION*

The requesting customer will receive a link via email when the raw data is available for download.

Delivery to patient – tick this box only if the delivery of the data is directly to the patient	
Recipient's name:	Email address:

CUSTOMER ACKNOWLEDGEMENT

Please notice that as the Data Controller, the healthcare professional must provide their signature, even if the data is being sent directly to the patient.

The Customer acknowledges that the raw data is not fully restricted by the high-quality demands of the Blueprint Genetics' full diagnostic services. The data can be delivered without fulfillment of Blueprint Genetics' diagnostic performance and quality standards. The Customer acknowledges that there is a risk of false positive and false negative findings persisting in the data. Blueprint Genetics strongly advises against using the data as sole basis for clinical management decisions. Blueprint Genetics cannot assist with interpretation of the data and is not liable for any direct, consequential, indirect or any other damages arising out of utilization of the data.

Signature:		Printed Name:
Date:	Phone:	Institution:

As the raw data order form includes patient information, please encrypt the file before sending it via email. Alternatively, the form may be sent to us via land mail or fax.