

NO-COST FAMILY FOLLOW UP TESTING EXCEPTION REQUEST FORM

The intent of our **family targeted variant testing policy** is to focus on rare variants of uncertain significance (VUS) where parental testing may impact classification. Parents are generally the most informative relatives to test as their data provides confirmation of whether a variant was inherited or *de novo* and the phase of variants.

In select circumstances, an exception may be granted to test additional family members if such testing would potentially help to reclassify a VUS or if a biological parent is unavailable for testing. If you suspect that may be indicated in this case, review of additional relevant family and/or medical history information will be required to determine whether an exception can be granted. PreventionGenetics has sole discretion to determine whether or not additional no-cost family follow up testing will be provided. Participation in this program is not a guarantee that testing would lead to a reclassification of the variant of interest.

NOTE: Exceptions cannot be made if the proband's result was issued more than 180 days ago, the proband's test was performed via a targeted Sanger assay, or the variant of interest is a copy number variant, repeat expansion, or a variant located within the mitochondrial genome.

COMPLETE THE INFORMATION BELOW IN ITS ENTIRETY.

Return completed form to PreventionGenetics by fax: (715) 406-4175, or email: support@preventiongenetics.com. Once this form is received, you can expect a response within ~10 business days.

PERSON COMPLETING FORM	CONTACT (PHONE OR EMAIL)	DATE OF REQUEST (MM/DD/YYYY)
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REQUESTING PROVIDER INFORMATION

INSTITUTION			
ADDRESS	CITY	STATE	ZIP
PROVIDER'S NAME (FIRST, LAST, DEGREE OR TITLE)		NPI# (US only)	
EMAIL ADDRESS	PHONE NUMBER		

PROBAND / PATIENT INFORMATION

LAST (FAMILY) NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)
MEDICAL RECORD NUMBER OR PREVENTIONGENETICS ID NUMBER (IF AVAILABLE)			

COMPARATOR INFORMATION

LAST (FAMILY) NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)
RELATIONSHIP TO PROBAND / PATIENT	PG ID / MRN NUMBER (IF AVAILABLE)	AGE OF ONSET / DIAGNOSIS <input type="checkbox"/> Affected <input type="checkbox"/> Unaffected	

EXCEPTION INFORMATION

VARIANTS YOU ARE REQUESTING THE EXCEPTION FOR:

CLINICAL REASONING FOR THIS REQUEST

FAMILY HISTORY (to allow for selection of informative family members if trying to reclassify based on meiosis)

INCLUDE ANY PERTINENT MEDICAL RECORDS FOR RELATIVE(S) OF INTEREST