

RAW DATA ORDER FORM

WHOLE EXOME SEQUENCING

2505 3rd Ave, Suite 204
Seattle, WA 98121, USA
Phone (US): +1 650 452 9340
Phone (CAN): +1 833 697 4665
Fax: + 1 650 446 7790
support.us@blueprintgenetics.com (US)
support.ca@blueprintgenetics.com (CAN)
CLIA# 99D2092375, CAP# 9257331

PATIENT INFORMATION

Proband name:	DOB:	Order ID:	Data requested: Yes ☐ No ☐
Family member #1 name:	DOB:	Order ID:	Data requested: Yes ☐ No ☐
Family member #2 name:	DOB:	Order ID:	Data requested: Yes ☐ No ☐

DELIVERY INFORMATION

Customer name:	Email address:
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The requesting customer will receive a link via email when the raw data is available for download.

RAW DATA FILE OPTIONS

Download ☐ BAM files ☐ VCF files
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Blueprint Genetics provides the raw sequence data to the requesting customer in approximately one month. Please note that processing of the raw data starts after the final report has been submitted.

PATIENT/GUARDIAN CONSENT

I understand that my health care provider has requested the raw sequencing data from my/my child's genetic test. I acknowledge that the information included in the data files may include potential sequencing artefacts and variants which have not undergone interpretation. I also understand that this data shall not be used as sole basis for clinical decision-making. I understand that any interpretation of the data outside the context of the Blueprint Genetics sequencing test report is at my/my child's health care provider's discretion.

Proband name:	DOB:	Proband/ Guardian signature:	Date:
Family member #1 name:	DOB:	Family member #1/ Guardian signature:	Date:
Family member #2 name:	DOB:	Family member #2/ Guardian signature:	Date:

CUSTOMER ACKNOWLEDGEMENT

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.