

## RAW DATA ORDER FORM PANEL AND SINGLE GENE

### PATIENT INFORMATION

<b>Patient name:</b>	<b>DOB:</b>	<b>Original order ID:</b>
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### DELIVERY INFORMATION

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

### RAW DATA

Please choose one of the following:

<input type="checkbox"/> <b>Panel raw data, free of charge</b> Blueprint Genetics provides the raw sequence data as <b>VCF files</b> to the requesting customer in approximately one month. Please note that processing of the raw data starts after the final report has been submitted.
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<input type="checkbox"/> <b>WES raw data from panel order</b> , provided with an extra fee (contact support.us@blueprintgenetics.com). Please fill out the following information. Blueprint Genetics provides the raw sequence data to the requesting customer in approximately one month from the payment. Please note that processing of the raw data starts after the final report has been submitted.
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<b>File options for WES raw data from panel order:</b> <input type="checkbox"/> BAM files <input type="checkbox"/> VCF files		
<input type="checkbox"/> <b>Institutional billing</b>	<b>Facility name:</b>	
	<b>Address:</b>	
	<b>Contact person:</b>	<b>Phone number:</b>
<input type="checkbox"/> <b>Payment by credit card <sup>i)</sup></b>	<b>Email:</b>	
	<b>Name:</b>	<b>Phone number:</b>

Please contact billing.us@blueprintgenetics.com or +1 650 452 9340 if you wish to discuss alternative payment options.  
 i) The payment process begins with the customer receiving a link with payment details to the email address filled out above.

## 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.

<b>Patient name:</b>	<b>Patient DOB:</b>	<b>Patient/ Guardian signature:</b>	<b>Date:</b>
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## 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.

<b>Signature:</b>		<b>Printed Name:</b>
<b>Date:</b>	<b>Phone:</b>	<b>Institution:</b>

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.