

## RAW DATA ORDER FORM WHOLE EXOME SEQUENCING

### PATIENT INFORMATION

Proband name:	DOB:	Order ID:	Data requested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member #1 name:	DOB:	Order ID:	Data requested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Family member #2 name:	DOB:	Order ID:	Data requested: Yes <input type="checkbox"/> No <input type="checkbox"/>

### DELIVERY INFORMATION

Customer name:	Email address:
----------------	----------------

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

### RAW DATA FILE OPTIONS

Download <input type="checkbox"/> BAM files <input type="checkbox"/> VCF files
--

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.

### 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.