Blueprint Genetics

VUS Clarification Service Request

This free-of charge service is available to patients tested at Blueprint Genetics and found to have a variant of uncertain significance (VUS) that could potentially be reclassified to likely pathogenic on the basis of Familial Variant Testing.

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INDEX PATIENT INFORMATION

Name:	**DOB (MM/DD/YYYY):**
Blueprint Genetics Order ID:	**Gene:**
Variant of Uncertain Significance:	

ORDERING HEALTH CARE PROFESSIONAL INFORMATION

Name:	**Email:**
Institution:	**Phone:**
Genetic Counsellor:	**GC email:**

FAMILY HISTORY AND CLINICAL INFORMATION

Family tree (REQUIRED): Please provide a three-generation pedigree including both affected and unaffected individuals. Indicate which family members are willing to provide a sample.
Clinical information (REQUIRED): Describe, in detail, the phenotypes of the proband (if additional information is available) and family members. Please specify if family member phenotypes are self-reported or clinically confirmed (and, if yes, how). If needed, attach clinical documentation.

ORDERING HEALTH CARE PROFESSIONAL SIGNATURE

Signature:	**Date:**

SEND REQUEST TO OUR OFFICE BY FAX OR LAND MAIL

After we have received the completed application, you will receive an email confirmation. Our interpretation team reviews the information to determine if familial variant testing is likely to result in reclassification of the VUS to likely pathogenic and, if yes, which family members need to provide a sample. The decision will be sent by email in 3-4 weeks. Testing begins once all required samples are received in our laboratory.