



Consent for Release of Raw Sequencing Data

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The ordering healthcare provider, patient, or parent can request the release of sequencing data for a given patient. MNG can release next-generation sequencing (NGS) data from panels, whole exome sequencing (WES), and whole genome sequencing (WGS). Consent is required for each individual for whom data is being requested. Data can be provided as a BAM or VCF file. Once a form is received by MNG Laboratories, we will contact you with details regarding how to retrieve the requested data.

For RNA sequencing data requests, please contact MNG to coordinate the transfer of files.

Patient Full Name: _____	Date of Birth: _____
MNG ID or Accession#: _____	

MNG Laboratories has evaluated the NGS data for the purpose of a genetic diagnosis based on the clinical features/phenotype provided to us at the time of testing. We report variants that we assess to be pathogenic, likely pathogenic, or variants with unknown significance (VUS) with pathogenic features based on evidence in the literature and ACMG guidelines. Reporting is only generated for the proband, not for other associated samples. For WES and WGS testing, findings not related to the patient's condition for which the testing was performed (secondary findings) are only reported for upon the patient's request based on ACMG recommendations.

Genetic testing has important limitations. Sequencing carries the standard risks associated with any laboratory testing, however, we confirm all positive findings in the original sample(s) received with an alternative technology. There is the possibility that a genetic variant may cause a condition that is not identified by the NGS/WES/WGS testing performed. This can be due to either the technical limitations of the assays, or due to incomplete understanding of the significance of variants detected. WES and WGS are screening tests. Although WES/WGS testing is highly accurate, the interpretation of the report is based on current medical knowledge which is not complete.

<p>Contact Information and Email Address*</p> <p>Name of Person Requesting Data _____</p> <p>Relationship to Patient <i>(Please Specify)</i> _____</p> <p>Email Address _____</p> <p>Contact Phone _____</p> <p>Facility _____ <i>(MUST include if ordering provider)</i></p> <p><small>* NGS data may be sent by secure email depending on file type and size For any data requests requiring a physical copy of files, please include a shipping address. Data transfer may take up to one (1) additional week.</small></p>	<p>Data Requested: (select all that apply)</p> <p><input type="checkbox"/> BAM File</p> <p><input type="checkbox"/> VCF File</p> <p><i>For electronic transfer of files, please allow up to two (2) weeks for processing</i></p>
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Consent *(signature of parent(s) or legal guardian required to request data on any individual under age 18)*

I understand that my/my dependent's raw data for next generation sequencing is being requested in the form of BAM or VCF files generated from my/my dependent's genetic testing, either by myself or my healthcare provider. I understand that this data will be available to me or my healthcare provider, and my healthcare provider will have access to all of my/my dependent's testing information. I understand that any interpretation of the data outside the context of the originally ordered test is at my healthcare provider's discretion.

Patient, Parent/Guardian, Healthcare Provider Signature

Date

Please contact MNG Laboratories (quickresponse@mnglabs.com or 678.225.0222) with any questions regarding the release of data.