

Consent for release of genetic testing data

A healthcare provider, patient, or parent/guardian can request the release of genetic testing data for a patient. Labcorp can release genetic testing data from applicable single-gene tests, multi-gene panels, whole exome sequencing tests (WES), and whole genome sequencing (WGS) tests. Signed consent is required from each individual for whom data is being requested. After the request is received, the requestor will be contacted with details for retrieving the requested data. Data will be provided via electronic file transfer. Please allow 30 days for requests to be fulfilled.

Patient information

Patient full name

Date of birth

Labcorp accession number

Test(s) ordered

Data type requested

FASTQ (WES and WGS **only**)

BAM

VCF

Other data files _____

Please contact Labcorp Genetic Services at 1 (800) 345-4363 to discuss requests for data files not listed.

Requestor information

Name of person requesting data

Relationship to patient

Institution (if healthcare or other facility) (if requestor is not the ordering provider/facility, a signed release of medical information is required)

Email

Address

City, ST ZIP

Phone number

Fax number

Summary of testing results reported and statement of consent

Labcorp reported clinically relevant genetic test results and interpretation. Genetic data were evaluated based on clinical and phenotypic information provided at the time of testing. Variants identified in the patient sample(s) were classified based on ACMG standards and guidelines. Relevant pathogenic and likely pathogenic variants were reported. Variants of unknown significance were reported when included in the test specification. For WES and WGS testing, secondary findings (findings not related to the patient's condition for which the testing was performed) were reported unless otherwise selected by the patient.

I am requesting my/my dependent's genetic testing data. I understand my/my dependent's healthcare provider will have access to all of my/my dependent's testing information. I understand the data files may include unprocessed data and unreported data that may not be relevant to the performed test, including secondary findings. I understand the data files may contain false positive and unconfirmed results. I understand Labcorp recommends that health or medical decisions should not be made based on unprocessed or unreported data without consulting with a medical and/or genetics professional.

Patient, parent/guardian signature

(Signature of parent(s) or legal guardian required to request data on any individual under the age of 18)

Date

Healthcare provider signature

Date

