



Data Reassessment Form

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Applies to MNG Internal Data Only

Full data reassessment is available 6 months after initial report, and once per 12 month period thereafter. This service is at no cost to the patient or provider. **All data, including copy number changes and identified variants, will be re-evaluated. Variants may be identified that were not previously reported due to updated available information. An updated report will be issued with each request, whether or not any changes have been identified.**

Reassessment for all next-generation sequencing is limited to data generated at the time of initial testing. Changes and improvements to technologies may not be available for reassessment with previous versions of our assays. Updating sequencing data to the latest version or technology is available at a reduced cost. Please call for additional details.

Please complete this form in its entirety and send back to MNG via fax 678-225-0212 or email to quickresponse@mnglabs.com. For any additional reassessment inquiries, please call MNG at 678-225-0222.

Patient and Report Information

Patient Last Name	Patient First Name
Patient ID #	Date of Birth [MM/DD/YYYY]
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Testing [MM/DD/YYYY]
REQUIRED INFORMATION MNG ID# / Accession #: _____	REQUIRED INFORMATION Test Code: _____ <i>Please use one form per test code</i>

Referring Physician Information

Are You The Referring Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please include medical record release)</i>	
Physician Name	NPI # or equivalent <i>(Required)</i>
Facility / Organization	Signature
Facility Address City, State, Zip Code	
Report Delivery <input type="checkbox"/> Fax <input type="checkbox"/> Email	Phone

Results

Authorized Recipient Name	Authorized Recipient Name
Facility Phone	Facility Phone
<input type="checkbox"/> Fax	<input type="checkbox"/> Fax
<input type="checkbox"/> Email	<input type="checkbox"/> Email

Any additional or updated clinical information for the proband is encouraged. Please include any additional family testing that has been performed if outside of MNG, or clinical details regarding newly affected family members.