

Release of sequencing data request

Available for exome and genome tests only

Patient information

Patient's name

/ /

Patient's date of birth

Original accession number

Person to receive data

Name

Street address

City / Town

State

Zip code

Phone

Email

Data request type

FASTQ file

Raw (unannotated) VCF file

Data release method

REDATA1: Please send a secure physical hard drive with my data*

REDATA2: I would like to download my data via an electronic file transfer. "Person to Receive Data" will be contacted to coordinate.**

* Pricing is based on cost of hard drive and shipping fees to desired destination. Please reach out to genomics@revvity.com to confirm price.

** Please note that data downloads may require up to 80 gigabytes of free hard drive space for each individual's data files.

Consent to release of data

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

I understand that I have requested the FASTQ and/or Raw VCF file(s) generated from (my/my child's) genetic sequencing test. This may include sequencing data from a Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS) test. Revvity does not currently accept raw data requests for sequencing panel tests or the CNGnome® NGS Array. I understand that (my family member/I/health care provider) will have access to all of (my/my child's) sequencing data. Given that variability exists in bioinformatics pipelines used to analyze sequence data and generate variant lists, it is possible that research sequence analysis pipelines will uncover additional variants not included in the initial clinical report. Any additional analyses performed using the provided files should be considered research results and should not be used for medical management without appropriate confirmation and interpretation by a qualified genetics provider. Individuals receiving raw sequence data are strongly encouraged to share any new discoveries with our laboratory.

Print patient/representative name:

Signature (patient/representative):

Date

Billing information (For data requests via hard drive)

I agree to a charge to my credit card by Revvity for release of my sequencing data on a secure hard drive.

Pricing is based on cost of hard drive and shipping fees to desired destination. Please reach out to genomics@revvity.com to confirm price.

Cardholder printed name as appears on card

Credit card billing street address

Cardholder signature

City / Town

State

Zip code

Credit card number

CVV

/

Card Exp. Date

Cardholder phone