May 2018_v2
### Testing for known variants:

<table>
<thead>
<tr>
<th>Gene: ______________________________</th>
<th>Mutation (HGVS): __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familial Report attached: □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

### Testing for Single Gene(s) or Fx Panel(s):

Please use the online catalogue to find test code & names [www.lifelabsgenetics.com/hereditary-conditions](http://www.lifelabsgenetics.com/hereditary-conditions)

### Ex Panels

- Please contact LifeLabs Genetics if you require a Reference Number for your request.
- **Ex Panels** (by CentoDxPlus)
  - Covers coding regions of >6,700 genes
  - 80-100x average read depth
  - ~95% of targeted bases covered at >20x
- **Test Code(s) / Reference Number(s):**
- **Test Name(s):**
  - Sequencing + Deletion/Duplication (by CentoDxPlus + CNV)
  - Sequencing only (by CentoDxPlus)

### ProGx Panels

- Please contact LifeLabs Genetics to receive a Reference Number for your request.
- **ProGx Panels** (by NGS Panel Genomic) (Reflex to WGS available - Please contact us)
  - 30x average read depth
  - ~99% of targeted bases covered at >10x
  - Deletion/Duplication is included
  - Repeat expansion is available as an add-on and should be requested when obtaining a Reference Number
- **Test Name(s):**
- **Reference Number:**

### Whole Exome Sequencing (WES)

- **Gold**
  - 100x average read depth
  - 97-98% of targeted bases covered >10X
  - Turnaround time is 4-6 weeks
  - No prenatal testing available
- **Platinum**
  - 100x average read depth
  - 97-98% of targeted bases covered >10X
  - Turnaround time is 2-3 weeks
  - Prenatal testing is available

### Whole Genome Sequencing (WGS)

- **WGS**
  - 30x average read depth
  - ~99% of targeted reads covered at >10x
  - Turnaround time is 4-6 weeks
  - Prenatal testing is available
  - Del/Dup included

### Additional analyses

- Available as add-on testing with additional cost
  - Del Dup (aCGH for proband sample only)
  - Repeat expansion
  - Maternal Mitochondrial
  - None

### Reporting and data exchange

- Raw data (.fastq and .bam files) are available only for a limited time and must be downloaded from the server within 1 month after the customer is informed of the completion of the analysis or after the final medical report has been issued.
- **Data selected above with annotated and filtered variant report (Excel table)**

### Whole Genome Sequencing (WGS)

- **WGS**
  - 30x average read depth
  - ~99% of targeted reads covered at >10x
  - Turnaround time is 4-6 weeks
  - Prenatal testing is available
  - Del/Dup included

### Additional information or instructions:

- Eg: Specify genes of interest for Ex or ProGx Panels
INFORMED CONSENT (ALL)

(For Ex and ProGx Panels, Whole Exome, and Whole Genome analyses, please also signed consent on page 4.)

GENETIC TESTING CONSENT
A genetic test studies the inherited substance (DNA) using a molecular-genetic analysis of characteristics, which may be the cause of the disease that has occurred or is suspected in you or your family. The study material is usually a blood sample. Normally there are no health risks when taking a blood sample. Sometimes patients can experience bruising (hematoma) at the drawing site or, very rarely, there could be nerve damage. Another risk that cannot be fully excluded exists in the extremely unlikely possibility of the samples being swapped. Every effort is made to avoid this and other mistakes.

I consent to the carrying out of the genetic analysis indicated on these pages, on me or the person I am custodian for.

I understand that my specimen for DNA analysis will be sent to LifeLabs for genetic testing. I am aware that correct information about the relationships between my family members is important. I agree that my specimen and personal health information may be sent to Centogene AG at their laboratory in Germany (Am Strande 7, 18055 Rostock, Germany). Your personal data, medical results, and sample are subject to medical confidentiality, and can only be disclosed with your written consent, other than as permitted or required by law. To ensure accurate testing, I agree that the results of genetic testing that I have had previously completed by Centogene AG may be shared with LifeLabs. I understand that LifeLabs will contact me for a new specimen, if a test result cannot be provided from the original specimen. I agree that a copy of my results will be sent to my ordering physician. I further agree that for any test(s) performed by Centogene AG, a copy of my results will also be sent to LifeLabs. I have been comprehensively informed by my physician of the medical and psychological consequences of genetic testing. I also confirm that I will receive genetic counselling to help me understand the impact and consequences of my diagnostic results.

1. I understand that, once the requested test(s) has/have been completed, personal data and remaining sample will be stored at the testing laboratory for 20 years.
2. I agree that my de-identified sample may be used for product development or research purposes. I understand that I will not receive any royalties, resultant payments, benefits, or rights to products or discoveries.
3. I consent to the storage and use of my pseudonymized (encrypted) or de-identified test results in a statistical database for scientific purposes and to facilitate and improve the diagnosis of genetic changes and diseases in other patients.
4. I consent that my de-identified results stored in the database are being provided to physicians, scientists and researchers for the purposes of researching genetic diseases and improving their diagnostics and treatment.

☐ I do not want my remaining sample or data from my results to be stored and/or used for product development or research purposes. Please destroy any remaining sample once the final report has been issued. By ticking this box I disagree with points 1, 2, 3, & 4 listed above.

You can withdraw your consent to the analysis at any time in full or in part without stating reasons. You have the right not to be informed about test results (right not to know), to stop the testing processes that have been started at any time up to being given the results and to request the destruction of all test material and all results collected up to that time.

Patient/Substitute Decision Maker: ________________________________ ; Date: __________________

Printed name: ________________________________________________ ; Relationship to person being tested: __________________________________________

OR: I certify that verbal consent was obtained from the patient/substitute decision maker for the requested genetic testing

Signature of Physician: ________________________________________ ; Date: ________________

May 2018_v2
**Exome and Genome Sequencing**

The exome is the collection of the DNA sequences of the genes that determine the production of proteins, which your body needs in order to function properly. So far, the exome is where the vast majority of causative mutations have been identified by scientific research. Whereas most genetic tests focus on a single gene or a set number of predetermined genes, WES examines thousands of genes simultaneously. **Ex Panels** focus on approximately 6,700 genes for which scientific research has identified mutations that are directly related to the development of specific diseases or disorders. **Whole Exome Sequencing** studies the >20,000 genes that make up our genome, including those ~6,700 genes investigated by Expanded NGS Panels.

**ProGx Panels and Whole Genome Sequencing**

Our DNA is composed of exons (studied by sequencing the exome) and introns, among other regions. Introns were previously not considered to contain important genetic information, as these regions do not directly determine the function of proteins. Recent research has provided evidence that some of these regions may be involved in the development of certain rare diseases and disorders. **Whole Genome Sequencing** analyzes all parts of the >20,000 genes that make up our genome.

**Test Reports**

Exome and Genome sequencing analyzes your DNA and compares it to the reference human genome. While there are always certain variations, depending on the individual being tested and the available data, CENTOGENE and/or LifeLabs Genetics report only known disease-causing mutations. These are identified by comparing data with medical databases and looking for scientific links, all of which will be reported to your physician.

**Findings that Require Medical Action**

A medical report may include information that is considered to be of direct and immediate relevance, either to your own health or to that of family members who share part of your genetic background. In deciding which information to include in the report, CENTOGENE and LifeLabs Genetics adhere to the guidelines set out by the American College of Medical Genetics (ACMG). If a characteristic result in a disease-related gene is demonstrated, this result is usually highly conclusive. If no disease-causing mutation is found, genetic changes responsible for the disease or a tendency to have a disease may still exist and cannot usually be fully excluded. Sometimes, gene variants are proven but their significance is not clear. This is stated in the results and discussed with your physician. A comprehensive explanation of all possible causes of diseases due to genetic reasons is not possible. It is also not possible to exclude every disease risk for you and your family members, especially your children, utilizing genetic analyses. In addition, CENTOGENE and LifeLabs Genetics also make use of its own mutation database (CentoMD®), which encompasses over 12,000 mutations collected from a global population. Our medical colleagues may recognize other genes that might be of medical significance, and these can be reported as well. Should you not wish to receive this information in your report, it is possible to opt out of this service.

**Incidental or Secondary Findings**

CENTOGENE and LifeLabs Genetics adhere to the guidelines set out by the American College of Medical Genetics (ACMG), which allow for reporting specific types of medically actionable or incidental findings (PMIDs: 23788249 and 25356965). This list of genes from the ACMG is constantly being updated to include all such instances of mutations that are seen as being relevant to patients. Patients are required to select whether or not they would like to receive information on the 59 genes or classes of genes outlined in these recommendations, which are known to be medically actionable. CENTOGENE and LifeLabs Genetics also require patients to select whether or not they would like to receive information on any incidental findings that are not listed in these guidelines. Incidental findings are not reported for fetal samples or samples from deceased persons.

**Confirmation of Findings**

CENTOGENE and/or LifeLabs Genetics use Sanger sequencing to confirm all pathogenic variants that do not pass the quality control parameters of next-generation sequencing. Structural variants are confirmed by orthogonal methods, such as MLPA or qPCR.

**Use of Parental Samples for Large Scale Testing**

Biological parental samples are used to improve the interpretation of the final results in exome and genome testing. In Trio analysis, testing and bioinformatic analyses on parental samples are done in parallel to the analysis of the index patient. We check the parents’ materials only with regard to the patient’s condition. If several family members are tested, accurate interpretation of the results depends on the assumed relationships being correct. If doubt is created by the genetic analysis about the apparent relationships, we will not inform you. An exception will be made if it is absolutely necessary for the completion of the requested test.

**Technical Limitations**

1. Exome testing does not analyze all genes in the human genome. Some genes cannot be examined because of various technical reasons. For the targeted exome and the whole exome, respectively, approximately 5% and 3% of the targeted exons may not be well covered due to various technical reasons.
2. You may have a mutation in one of the genes included in the test, but it is not always possible to detect all mutations with these methods. This means that a patient can be affected with a certain condition, but that this testing does not identify or reveal it.
3. Exome and Genome testing encompasses many different genes and looks for a variety of conditions and diseases. These tests may reveal genetic information about you or a family member that is new and is not necessarily related to your reasons for ordering such a test. Such information could reveal details about diseases that will only develop in the future or for which there is no known treatment or cure.

**Consent to Exome or Genome Testing**

It is mandatory to ensure that a patient has signed his or her consent to conduct these genetic analyses. Exome and Genome sequencing has the potential to detect diseases which you may wish to be informed about. Typically these diseases can be categorized as:

- a predisposition to increased cancer risk;
- a carrier status of recessive diseases;
- a predisposition to late-onset diseases.

<table>
<thead>
<tr>
<th>MD/HCP</th>
<th>Patient</th>
</tr>
</thead>
</table>

The initials of the physician confirm that the patient has been informed of all the information on this page. The patient’s initials confirm that he/she chooses to be informed about the three (3) potential results listed above.

<table>
<thead>
<tr>
<th>Patient</th>
</tr>
</thead>
</table>

The initials of the patient confirm that he/she has chosen to receive information on the 59 genes or classes of genes outlined in the ACMG recommendations described above.

<table>
<thead>
<tr>
<th>Patient</th>
</tr>
</thead>
</table>

The initials of the patient confirm that, if an exome or genome test is cancelled prior to test set-up, he/she will be charged a processing fee and will receive a cancellation report. Once testing is initiated, the full price of the analysis will be charged.
<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Ophthalmological</th>
<th>Metabolic</th>
<th>Liver/Kidney/Endocrinology/Gastrointestinal</th>
<th>Reproductive disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Angioedema</td>
<td>□ Cortical dysplasia</td>
<td>□ Syndactyly</td>
<td>□ Abnormal renal morphology</td>
<td>□ Abnormal myelination</td>
</tr>
<tr>
<td>□ Aortic dilatation</td>
<td>□ Craniosynostosis</td>
<td>□ Talipes equinovarus</td>
<td>□ Abnormal urinary system</td>
<td>Ataxia</td>
</tr>
<tr>
<td>□ Arrhythmia</td>
<td>□ Delayed motor milestones</td>
<td>□ Coloboma</td>
<td>□ Aganglionic megacolon</td>
<td>□ Attention deficit disorder</td>
</tr>
<tr>
<td>□ Coarctation of aorta</td>
<td>□ Delayed speech</td>
<td>□ Glaucoma</td>
<td>□ Constipation</td>
<td>Autism</td>
</tr>
<tr>
<td>□ Defect of atrial aorta</td>
<td>□ Dementia</td>
<td>□ Microphtalmos</td>
<td>□ Diabetes mellitus</td>
<td>Brain atrophy</td>
</tr>
<tr>
<td>□ Defect of ventral septum</td>
<td>□ Development regression</td>
<td>□ Nystagmus</td>
<td>□ Diarrhea</td>
<td>Cerebral hypoplasia</td>
</tr>
<tr>
<td>□ Dil. Cardiomyopathy</td>
<td>□ Dystonia</td>
<td>□ Ophthalmoplegia</td>
<td>□ Elevated transaminases</td>
<td>Chorea</td>
</tr>
<tr>
<td>□ Hypertension</td>
<td>□ Encephalopathy</td>
<td>□ Optic atrophy</td>
<td>□ Gastric crisis</td>
<td>Corpus callosum agenesis</td>
</tr>
<tr>
<td>□ Hypertroph. Cardiomyopathy</td>
<td>□ Epilepsy, febrile</td>
<td>□ Ptosis</td>
<td>□ Hepatic failure</td>
<td>Infertility</td>
</tr>
<tr>
<td>□ Hypotension</td>
<td>□ Epilepsy, focal</td>
<td>□ Retinitis pigmentosa</td>
<td>□ Hepatomegaly</td>
<td>Abnormal external genitalia</td>
</tr>
<tr>
<td>□ Long QT Syndrome</td>
<td>□ Epilepsy, generalized</td>
<td>□ Retinoblastoma</td>
<td>□ Hydrenephrosis</td>
<td>Abnormal internal genitalia</td>
</tr>
<tr>
<td>□ Lymphedema</td>
<td>□ Headache/Migraine</td>
<td>□ Strabismus</td>
<td>□ Hyper/hypothyroidism</td>
<td>Hypogonadism</td>
</tr>
<tr>
<td>□ Mal. of heart and great vessels</td>
<td>□ Heretopia</td>
<td>□ Vision loss</td>
<td>□ Hypoparathyroidism</td>
<td>Hypovaginalism</td>
</tr>
<tr>
<td>□ Myocardial infarction</td>
<td>□ Holoprosencephaly</td>
<td></td>
<td>□ Hyperparathyroidism</td>
<td>Hypospadias</td>
</tr>
<tr>
<td>□ Stroke</td>
<td>□ Hydrocephalus</td>
<td></td>
<td>□ Obesity</td>
<td></td>
</tr>
<tr>
<td>□ Tetralogy of Fallot</td>
<td>□ Hyperflexia</td>
<td></td>
<td>□ Immunodeficiency</td>
<td></td>
</tr>
<tr>
<td>□ Vasculitis/angitis</td>
<td>□ Intellectual disability</td>
<td></td>
<td>□ Leukemia</td>
<td></td>
</tr>
<tr>
<td><strong>Mouth, Throat, and Ear</strong></td>
<td>□ Leukodystrophy</td>
<td></td>
<td>□ Lung tumor</td>
<td></td>
</tr>
<tr>
<td>□ Abnormality of dental color</td>
<td>□ Lissencephaly</td>
<td></td>
<td>□ Melanoma</td>
<td></td>
</tr>
<tr>
<td>□ Cleft lip/palate</td>
<td>□ Macrocephaly</td>
<td></td>
<td>□ Myelofibrosis</td>
<td></td>
</tr>
<tr>
<td>□ Ear malformation</td>
<td>□ Muscular hypertonia</td>
<td></td>
<td>□ Neutropenia</td>
<td></td>
</tr>
<tr>
<td>□ Hearing impairment</td>
<td>□ Muscular hypotonia</td>
<td></td>
<td>□ Panctytopenia</td>
<td></td>
</tr>
<tr>
<td>□ Hypodontia</td>
<td>□ Neuropathy</td>
<td></td>
<td>□ Pancytopenia</td>
<td></td>
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<tr>
<td><strong>Neurological</strong></td>
<td>□ Parkinson</td>
<td></td>
<td>□ Splenomegaly</td>
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<tr>
<td>□ Abnormal myelination</td>
<td>□ Psychiatric syndromes</td>
<td></td>
<td>□ Thrombocytopenia</td>
<td></td>
</tr>
<tr>
<td>□ Ataxia</td>
<td>□ Spasticity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Attention deficit disorder</td>
<td>□ Stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Autism</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Brain atrophy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>□ Cerebral hypoplasia</td>
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<tr>
<td>□ Chorea</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Corpus callosum agenesis</td>
<td></td>
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</tbody>
</table>

**PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH Samples**
Additional Requisition: PARENTAL 1

**PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH SAMPLES**
1-844-363-4357· Ask.Genetics@LifeLabs.com

---

**ALL PARENTAL REQUISITION FORMS MUST ACCOMPANY THAT OF THE PROBAND**

<table>
<thead>
<tr>
<th>CONTRACT#</th>
<th>LifeLabs Demographic Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Li: K012-01 / BC: no contract#</td>
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</tr>
</tbody>
</table>

**Report to Physician**

<table>
<thead>
<tr>
<th>Physician OHIP# (Ontario):</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Physician MSC# (British Columbia):</td>
<td></td>
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<tr>
<td>Other Provinces: 999</td>
<td></td>
</tr>
</tbody>
</table>

**Ordering Physician Name**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
</table>

**Ordering Physician Address & contact info**

<table>
<thead>
<tr>
<th>Address</th>
<th>Tel:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

**Physician Signature**

**Copy to:**

- Genetic Counselor
- Other Healthcare Provider

**Copy to name**

<table>
<thead>
<tr>
<th>Tel:</th>
<th>Fax:</th>
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</table>

**Bill to:**

<table>
<thead>
<tr>
<th>Contract # K012-01 (patient does not pay at time of collection)</th>
<th>Patient Sex: (M/F)</th>
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</table>

**Patient Name (Last, First):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Patient DOB: (MM/DD/YYYY)</th>
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</table>

**Patient Address:**

<table>
<thead>
<tr>
<th>Address</th>
<th>Health Card #:</th>
<th>Patient Telephone:</th>
</tr>
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</table>

**For samples not collected at a LifeLabs location, please ship all NON-PRENATAL samples to:**

- British Columbia: LifeLabs • Attn. Specimen Management • 3680 Gilmore Way • Burnaby BC • V5G 4V8
- All Other Provinces: LifeLabs • Attn. Specimen Management • 37 Voyager Court N. • Toronto ON • M9W 6J2

**Test Requested**

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>LLTC</th>
<th>Mnemonic</th>
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<tbody>
<tr>
<td>Blood (2 x 4ml EDTA)</td>
<td>4005</td>
<td>ACG</td>
</tr>
<tr>
<td>Blood-Pediatric (1 x 2ml EDTA)</td>
<td>4008</td>
<td>CEN</td>
</tr>
<tr>
<td>Purified DNA (&gt;10ug)</td>
<td>4014</td>
<td>OCG</td>
</tr>
<tr>
<td>Filter Card*</td>
<td>4014</td>
<td>OCG</td>
</tr>
<tr>
<td>Other**: _______</td>
<td>4014</td>
<td>OCG</td>
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</tbody>
</table>

* Available by request. Please contact LifeLabs Genetics.

**Other sample types are permitted. Please contact LifeLabs Genetics.**

Please contact LifeLabs Genetics before shipping prenatal samples.

**Date Sample Collected:**

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

**Time Collected:**

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<thead>
<tr>
<th>H</th>
<th>H</th>
<th>M</th>
<th>M</th>
</tr>
</thead>
</table>

**Collector Name:**

**Proband Name:**

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<tr>
<th>African/African American</th>
<th>Proband DOB: MM / DD / YYYYY</th>
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</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td></td>
</tr>
<tr>
<td>French Canadian or Acadian</td>
<td></td>
</tr>
<tr>
<td>Middle Eastern</td>
<td></td>
</tr>
<tr>
<td>Northern European e.g. British, German</td>
<td></td>
</tr>
<tr>
<td>South Asian e.g. Indian, Pakistani</td>
<td></td>
</tr>
<tr>
<td>East Asian e.g. Chinese, Japanese</td>
<td></td>
</tr>
<tr>
<td>Ashkenazi Jewish</td>
<td></td>
</tr>
<tr>
<td>Other/Mixed Caucasian</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>Southern European e.g. Italian, Greek</td>
<td></td>
</tr>
<tr>
<td>Southeast Asian e.g. Filipino, Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>

**Additional parental medical information:**

**Relevant family history:**

Is the relative affected with symptoms?  □ Yes  □ No

If Yes, please describe:
# Additional Requisition: PARENTAL 2

**PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH SAMPLES**

1-844-363-4357· Ask.Genetics@LifeLabs.com

---

## All Parental Requisition Forms Must Accompany That of the Probands

<table>
<thead>
<tr>
<th>Contract#</th>
<th>LIFE: K012-01 / BC: no contract#</th>
</tr>
</thead>
</table>

### Report to Physician

- **Physician OHIP** (Ontario):
- **Physician MSC** (British Columbia):
- **Other Provinces:** 999

### Ordering Physician Name

- **Name**

### Ordering Physician Address & Contact Info

- **Address**
- **Tel:**
- **Fax:**

### Physician Signature

### Copy to

- **Genetic Counselor**
- **Other Healthcare Provider**

### Copy to name

- **Tel:**
- **Fax:**

### Bill to

- **Contract # K012-01 (patient does not pay at time of collection)**
- **Patient Sex: (M/F)**
- **Patient Name (Last, First):**
- **Health Card #:**
- **Patient Telephone:**

### For samples not collected at a LifeLabs location, please ship all NON-PRENATAL samples to:

- **British Columbia:** LifeLabs • Attn. Specimen Management • 3680 Gilmore Way • Burnaby BC • V5G 4V8
- **All Other Provinces:** LifeLabs • Attn. Specimen Management • 37 Voyager Court N. • Toronto ON • M9W 6J2

### Test Requested

- **Whole Exome Sequencing (WES)**
- **Whole Genome Sequencing (WGS)**

### Sample Type

- **Whole Exome Sequencing (WES):**
  - Blood (2 x 4ml EDTA)
  - Blood-Pediatric (1 x 2ml EDTA)
  - Purified DNA (>10ug)
  - Filter Card*
  - Other**: __________

- **Whole Genome Sequencing (WGS):**
  - LL TC
  - Mnemonic
  - 4005
  - ACG
  - 4008
  - CEN
  - 4014
  - OCG
  - 4014
  - OCG

* Available by request. Please contact LifeLabs Genetics.

** Other sample types are permitted. Please contact LifeLabs Genetics.

Please contact LifeLabs Genetics before shipping prenatal samples.

### Date Sample Collected: **M M D D Y Y Y Y**

### Time Collected: **H H : M M**

### Collector Name:

### Proband Name:

- **African/African American**
- **Caucasian**
- **French Canadian or Acadian**
- **Middle Eastern**
- **Northern European e.g. British, German**
- **South Asian e.g. Indian, Pakistani**
- **East Asian e.g. Chinese, Japanese**

### Proband DOB: **M M / D D / Y Y Y Y**

### Parental Information:

- **Ashkenazi Jewish**
- **Other/Mixed Caucasian**
- **Native American**
- **Hispanic**
- **Southern European e.g. Italian, Greek**
- **Southeast Asian e.g. Filipino, Vietnamese**
- **Pacific Islander**

### Additional parental medical information:

- **Is the relative affected with symptoms?**
  - **Yes**
  - **No**

### Relevant family history:
## ADDITIONAL FAMILY MEMBER REQUISITION FORM

**MUST ACCOMPANY THAT OF THE PROBAND & PARENTALS**

### CONTRACT #
- LL: K012-01
- BC: no contract #

### Report to Physician #
- Physician OHIP # (Ontario): [Leave blank]
- Physician MSC # (British Columbia): [Leave blank]
- Other Provinces: 999

### Ordering Physician Name
- Name

### Ordering Physician Address & Contact info:
- Address
- Tel: [Leave blank]
- Fax: [Leave blank]

### Physician Signature

### Copy to:
- [ ] Genetic Counselor
- [ ] Other Healthcare Provider
- Copy to name
- Tel: [Leave blank]
- Fax: [Leave blank]

### Bill to:
- Contract # K012-01 (patient does not pay at time of collection)
- Patient Sex: [M/F]
- Patient Name (Last, First):
- Name
- Patient DOB: (MM/DD/YYYY)
- Patient Address:
- Health Card #: [Leave blank]
- Patient Telephone:

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**For samples not collected at a LifeLabs location, please ship all NON-PRENATAL samples to:**
- British Columbia: LifeLabs • Attn. Specimen Management • 3680 Gilmore Way • Burnaby BC • V5G 4V8
- All Other Provinces: LifeLabs • Attn. Specimen Management • 37 Voyager Court N. • Toronto ON • M9W 6J2

### Test Requested | Sample Type
---|---
[ ] Whole Exome Sequencing (WES) | [ ] Blood (2 x 4ml EDTA)
[ ] Whole Genome Sequencing (WGS) | [ ] Blood-Pediatric (1 x 2ml EDTA)
[ ] Purified DNA (>10ug) | [ ] Filter Card*
[ ] Other**: __________

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* Available by request. Please contact LifeLabs Genetics.
** Other sample types are permitted. Please contact LifeLabs Genetics.

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### Date Sample Collected:
- M M D D Y Y Y Y

### Time Collected:
- H H : M M

### Collector Name:

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### Proband Name:

### Parental Information:
- [ ] African/African American
- [ ] Caucasian
- [ ] French Canadian or Acadian
- [ ] Middle Eastern
- [ ] Northern European e.g. British, German
- [ ] South Asian e.g. Indian, Pakistani
- [ ] East Asian e.g. Chinese, Japanese
- [ ] Ashkenazi Jewish
- [ ] Other/Mixed Caucasian
- [ ] Native American
- [ ] Hispanic
- [ ] Southern European e.g. Italian, Greek
- [ ] Southeast Asian e.g. Filipino, Vietnamese
- [ ] Pacific Islander

### Additional patient medical information:

### Relevant family history:

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### Is the relative affected with symptoms?  [ ] Yes  [ ] No

If Yes, please describe: