



Clinical Information Form

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 844.664.8378 | fax: 678.225.0212 | mnglabs.com

Patient Name _____ DOB _____

Clinical (Check All That Apply)

Eye <input type="checkbox"/> Retinitis Pigmentosa <input type="checkbox"/> Optic Atrophy <input type="checkbox"/> Other	Hearing <input type="checkbox"/> Sensorineural <input type="checkbox"/> Stickler <input type="checkbox"/> Usher	Neuronal Migration <input type="checkbox"/> Meckel <input type="checkbox"/> Joubert <input type="checkbox"/> Other	<input type="checkbox"/> Stroke
Cognitive/Neurobehavioral <input type="checkbox"/> Intellectual Disability (ID) <input type="checkbox"/> Syndromic ID <input type="checkbox"/> Nonsyndromic ID <input type="checkbox"/> Autism <input type="checkbox"/> Dementia			
Movement Disorders <input type="checkbox"/> Ataxia <input type="checkbox"/> Episodic Ataxia <input type="checkbox"/> Dystonia <input type="checkbox"/> Chorea/Athetosis <input type="checkbox"/> Parkinson Disease <input type="checkbox"/> L-Dopa Response			
Epilepsy <input type="checkbox"/> Myoclonic <input type="checkbox"/> Other <input type="checkbox"/> Absence <input type="checkbox"/> Tonic Clonic <input type="checkbox"/> Epileptic Encephalopathy	Spasticity <input type="checkbox"/> Spastic Paraplegia <input type="checkbox"/> Other <input type="checkbox"/> Spastic Quadriplegia	Connective Tissue & Bone <input type="checkbox"/> Ehlers Danlos <input type="checkbox"/> Marfan <input type="checkbox"/> Aneurysms <input type="checkbox"/> Other	
Neuromuscular <input type="checkbox"/> Distal <input type="checkbox"/> Proximal <input type="checkbox"/> Muscle Atrophy <input type="checkbox"/> Contractures <input type="checkbox"/> Malignant Hyperthermia <input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Periodic Paralysis <input type="checkbox"/> Statin Use <input type="checkbox"/> Myasthenia		Nerve/Anterior Horn Cell <input type="checkbox"/> Neurofibromas <input type="checkbox"/> Charcot-Marie-Tooth <input type="checkbox"/> Sensory <input type="checkbox"/> Autonomic <input type="checkbox"/> Pain <input type="checkbox"/> Motor <input type="checkbox"/> Nerve Conduction <input type="checkbox"/> Other	
Cardiomyopathy <input type="checkbox"/> Dilated <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Noncompaction	Arrhythmias <input type="checkbox"/> Ventricular Tachycardia <input type="checkbox"/> Brugada <input type="checkbox"/> Long or Short QT <input type="checkbox"/> Conduction Defect	Congenital Heart Defects <input type="checkbox"/> Heterotaxy <input type="checkbox"/> Other	Endocrine <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Other <input type="checkbox"/> Diabetes Mellitus

Imaging (Check All That Apply)

Brain MRI <input type="checkbox"/> Leigh Disease <input type="checkbox"/> Basal Ganglia Calcification <input type="checkbox"/> Stroke <input type="checkbox"/> Cerebellar Atrophy <input type="checkbox"/> Abnormal Myelin (describe)	EEG (Describe Findings) _____	EMG/NVC (Describe Findings) _____
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Laboratory

Metabolic (Describe Findings) _____	Genetic (Describe Findings) _____
CPK Maximum _____ Minimum _____	<input type="checkbox"/> Chromosomal Microarray <input type="checkbox"/> Deletion/Insertion Testing <input type="checkbox"/> Other (comment)

Family History

Ethnicity (please check)		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Sephardic Jewish	<input type="checkbox"/> African American (or Black)
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Ashkenazi Jewish	<input type="checkbox"/> Native American (or American Indian)
		<input type="checkbox"/> Asian
		<input type="checkbox"/> Other: _____
Affected Maternal Lineage	Affected Paternal Lineage	Siblings
Relationship to Proband	Relationship to Proband	Number (specify gender)
Symptoms	Symptoms	Healthy/Affected

Additional Comments



Healthy Whole Exome Sequencing Consent Form

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Patient Name _____

DOB _____

Notice to Health Care Practitioner:

This document is a consent form for Healthy Exome Sequencing (HWES). Currently, the laboratory will only accept test requests after the individual to be tested has received genetic counseling from a Healthcare Provider with experience in counseling patients. Genetic non-discrimination law prevents insurance companies from using your genetic information to deny health insurance coverage, but the law does not cover life insurance, disability insurance, or long term care insurance. Please be aware of any applicable State laws and applicable terms of any active insurance policies in regard to consent and the release of these results to insurance companies. Please explain the information below to the individual to be tested and obtain an informed consent/signature so the testing can be performed.

Informed Consent for Patients:

What is Healthy Whole Exome sequencing (HWES)?

Healthy Whole Exome sequencing (HWES) is a genetic test. It is performed on DNA extracted from 3ml of blood or other acceptable tissue type. Its purpose is to identify carrier status for severe inherited disorders in healthy individuals. HWES is performed to detect known pathogenic and predicted pathogenic variants in genes that are causative of severe autosomal dominant and recessive disorders. Rather than focusing solely on known pathogenic variants common in well characterized populations, the MNG Healthy Exome test provides a wider range of coverage for those seeking a more thorough review versus standard screening tests. This test is intended for individuals who are healthy, but have interest in becoming aware of pathogenic or predicted pathogenic variants that can affect future offspring or themselves in a later stage of their life.

Because HWES results have potential consequences for the individual and the individual's potential offspring, we require that ordering of the testing be performed by a licensed medical professional.

What kind of results are reported?

1. Positive: Variant(s) have been identified that are known pathogenic or likely pathogenic, based on well-established scientific evidence or criteria defined by the American College of Medical Genetics (ACMG), and may cause a severe medical condition either in potential offspring or the individual tested at a later time in life.
2. Negative: An absence of pathogenic or likely pathogenic variants that are known or predicted to cause a severe medical condition in offspring or in the individual tested at a later time in life.

What implications do positive and negative results have?

When HWES detects known disease causing variants, the test result is highly accurate. A positive result will help your clinician to better predict the risk of having a severely disruptive disorder later in life, or having a severely affected child. A negative result does not guarantee that you nor your child will not have any inherited health problems in the future, since the cause of many inherited genetic conditions are not well understood at this point of time.

Are there limitations to HWES testing?

HWES is a screening test. A genetic variant that can cause a severe health condition may not be identified as such by the test either because of technical limitations, or incomplete understanding of the significance of variants detected.

1. HWES is not currently guaranteed to detect intermediate-scale alterations in the DNA content. These include the loss or duplication of regions extending less than 10 exons.
2. HWES may not be able to detect genetic disorders that are caused by expansion of repetitive regions of the genome, such as Fragile X Syndrome. If one of these types of conditions is suspected, your physician should order the appropriate diagnostic test.

Are there results that will not be reported?

Variations in genes that affect susceptibility to a condition, but do not cause the person to develop the condition, will not be reported. Variants of Uncertain Significance and Benign/Likely Benign variants are also not reported.

Who will have access to the results?

Test results are maintained electronically by the laboratory. The results are provided to the ordering physician and/or health care facility that ordered the test. Results may also be made available to individuals/organizations with a legal right of access under applicable Federal and/or State law, or as authorized by the patient or the patient's representative. Patient privacy is of utmost concern to us, and we adhere to HIPAA privacy and security requirements.

How long are HWES results kept in the testing lab?

The laboratory may keep the identified HWES raw data in the lab indefinitely. This helps us improve our diagnostic capabilities. To advance the understanding of genetic disorders, your results might be analyzed and published in scientific articles in a de-identified manner consistent with HIPAA guidelines.

_____ (initials) I agree that my HWES data may be stored indefinitely.

_____ (initials) I agree that my HWES data may be used for scientific publication in a de-identified manner.



MNG LABORATORIES

A LabCorp Company

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What will happen to my DNA sample?

No additional tests will be performed on these samples without specific, signed authorization by the individual(s). After 60 days, unless consent is given below, the sample will be destroyed.

_____ (initials) Please keep my DNA used for HWES testing indefinitely should I desire additional testing, or if I want to participate in research in the future. I understand no additional genetic tests will be performed without my specific consent/instructions, but my DNA may be used for quality control purposes. I understand that there is no guarantee of availability of my DNA after 60 days.

What are the risks of testing?

1. Genetic non-discrimination law prevents insurance companies from using your genetic information to deny health insurance coverage, but the law does not cover life insurance, disability insurance or long term care insurance. Please be aware of any applicable State laws and applicable terms of any active insurance policies in regards to consent and the release of these results to insurance companies.
2. HWES may identify carrier status for serious and/or untreatable genetic conditions. It can result in unexpected psychological trauma, both for you and your family. The detection of such a condition or conditions could also affect the health or health care needs of your siblings, children, or other close relatives
3. Although HWES is highly accurate, the interpretation of the report is based on current medical knowledge, which may change as better understanding of genetic conditions is obtained.

Consent for HWES Testing

All of the above has been explained to me, to my satisfaction, and my signature below attests to the same. I understand that this is a voluntary test, and I have had the opportunity to ask questions about alternative testing.

HWES Sequencing Individual

Print Name: _____ Date: _____

Signature: _____ Date of Birth: _____

I authorize my healthcare provider and insurance company to have access to my results. I understand that these parties may only use this information in accordance with applicable law.

I also authorize the following party/parties to have access to my results (optional):

Print Name: _____ Print Name: _____

Institution: _____ Institution: _____

Fax Number / Email: _____ Fax Number / Email: _____

I have provided genetic counseling and have explained the risks, benefits, and limitations of HWES testing to the patient.

Health Care Provider Obtaining Consent:

Print Name: _____ Date: _____

Signature: _____ NPI#: _____