



WHOLE EXOME REANALYSIS FOR KDL ORDERS

Whole Exome Reanalysis Orders Must Include All of the Following:

- Include completed Requisition Form (page 1) or an Epic Order
- Clinical and Phenotypic History Form (pages 2-3)
- Fax all forms to KDL Client Services: (855) 535-1329

Original KDL Exome Information

Original KDL Accession number: _____ Date of Initial Report: _____

Patient Information

Full Name: _____ DOB: _____

MRN#: _____ Sex: Male Female

Ordering Physician Information

Full Name: _____ NPI: _____

Phone: _____ Fax: _____

Send additional copies of test results to:

Healthcare Provider: _____ Phone _____ Fax _____

Healthcare Provider: _____ Phone _____ Fax _____

By signing below, I attest that I have provided informed consent to my patient for Whole Exome Sequencing Reanalysis including the option to reanalyze the most up-to-date ACMG list of Secondary Findings. The patient's preference is marked below.

- Opting IN to analyze the v3.2 ACMG Secondary Findings list (Miller *et al.* 2023 Genetics in Medicine

<https://doi.org/10.1016/j.gim.2023.100866>

- Opting OUT of ACMG Secondary Findings reanalysis

Healthcare Provider Signature: _____

KDL Whole Exome Reanalysis Form

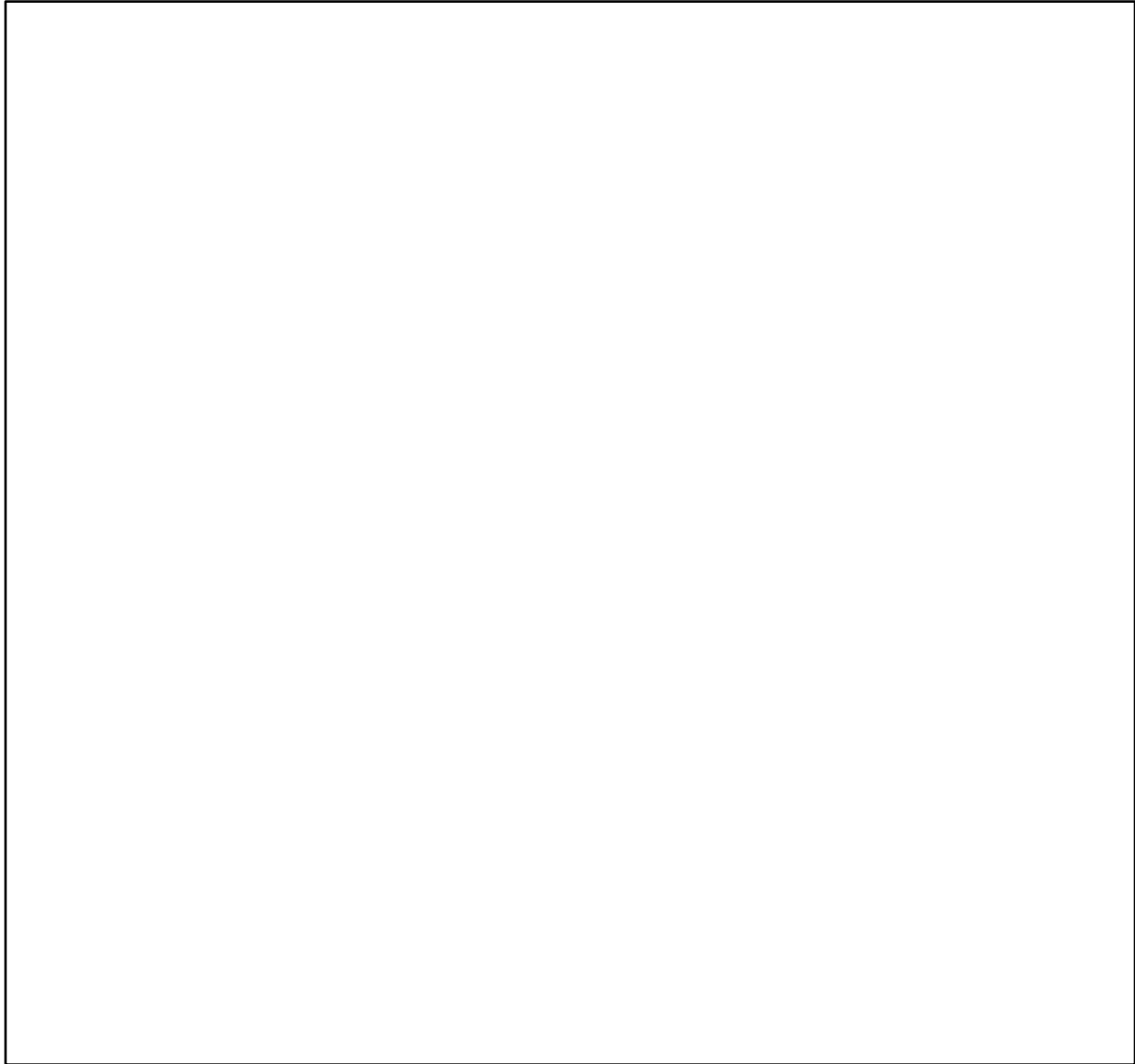
New Phenotypic History

Instructions: Please provide any new indications identified in the proband since the original Whole Exome Sequencing was completed by filling either Normal or an abnormality in a sub-category. In the space provided below each section, add any additional relevant clinician notes for that category.

	Abnormality - Please provide detailed description	Normal
Nervous system		
Voice or speech		
Behavioral or neuropsychiatric		
Growth and development		
Metabolic system		
Head, facial, ears or neck		
Eye or vision		
Skin, nails or hair		
Skeletal system or limb extremities		
Musculature and soft tissues		
Connective or adipose tissues		
Genitourinary system		
Immune system		
Blood and/or blood forming tissues		
Cardiovascular system		
Endocrine system		
Respiratory system		
Abdomen or abdominal organs		
Chest or thoracic		
Prenatal development or abnormal birth		
Neoplasm		

Additional Information

Please include any additional notes or new pedigree information relevant to the patient's Whole Exome Reanalysis

A large, empty rectangular box with a thin black border, intended for providing additional notes or pedigree information relevant to the patient's Whole Exome Reanalysis.