



# Knight Diagnostic Laboratories

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## Exome Reanalysis for KDL Orders

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 tests 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 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 for these optional results.*

- ☐ Opting IN to analyze the v3.3 ACMG Secondary Findings list (Lee *et al.* 2025 Genetics in Medicine)  
(<https://doi.org/10.1016/j.gim.2025.101454>)
- ☐ Opting OUT of the v3.3 ACMG Secondary Findings list (Lee *et al.* 2025 Genetics in Medicine)

Healthcare Provider Signature: \_\_\_\_\_

## KDL Exome Reanalysis Form - New Phenotypic History

Instructions: Please provide any **new** phenotypes identified in the proband since the original Exome Sequencing was completed by providing a detailed description within the provided categories. Include the age of onset if known.

☐ Check this box if there are no new relevant phenotype changes.

	New Phenotype Information – Please provide detailed description
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 updated pedigree information or relevant clinical notes pertaining to the patient's exome reanalysis. Additionally, specify any genes of particular interest that warrant further investigation.