

## Application for iHope Whole Genome Sequencing (WGS)

Application date: \_\_\_\_\_

Name of clinician completing application: \_\_\_\_\_

Clinician's institution: \_\_\_\_\_

Clinician phone number: \_\_\_\_\_

Clinician email: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Biological mother is available for testing:      Yes      No

Biological mother is:                                  Affected      Unaffected

Biological father is available for testing:      Yes      No

Biological father is:                                  Affected      Unaffected

Brief description of patient/family's financial need (attach any supporting documentation): \_\_\_\_\_

\_\_\_\_\_

Brief description of clinical concerns: \_\_\_\_\_

\_\_\_\_\_

Please explain why this patient would benefit from WGS through the iHope program:

\_\_\_\_\_

\_\_\_\_\_

**Included with this application are:**

- Recent genetics clinic note
- Pedigree
- Prior genetic studies
- Prior exome sequencing report
- Other lab studies
- Imaging reports
- Other relevant clinic notes
- Other financial information/documentation

Other: \_\_\_\_\_

The GeneDx iHope Clinical Review Group will review all provided clinical information and determine if the case will be accepted for no-charge WGS. GeneDx will communicate to the clinician completing this application whether or not this case will be accepted.

Completed applications and clinical records can be emailed to **iHope@GeneDx.com** or faxed to 301-519-2892, Attn: iHope/Debbie Copenheaver.

Questions can be sent to **iHope@GeneDx.com**.