

Data Return Authorization Form: NextCODE Access

Ordering providers must use this form to authorize access of their patients' data within the NextCODE genetic analytic tool. Services provided include account set-up and fill access. Clients who desire additional support should inquire with Claritas Genomics' Client Services team at (toll-free) 855-373-9003.

PATIENT INFORMATION

Identify the individuals for whom data is being requested. If a Trio (patient + related female + related male) was performed, the data on all the family members contributing to the Trio will be released.

	NAME	DATE OF BIRTH (mm/dd/yy)	CLARITAS ACCESSION NUMBER
Patient			
Related individual, if applicable. Describe relationship: _____			
Related individual, if applicable. Describe relationship: _____			

Provide access within NextCODE to:

Full Name _____ Relationship to the Case _____

Email (required, must be institutional) _____

Institution _____ Phone (____) _____

Full Name _____ Relationship to the Case _____

Email (required, must be institutional) _____

Institution _____ Phone (____) _____

Full Name _____ Relationship to the Case _____

Email (required, must be institutional) _____

Institution _____ Phone (____) _____

Full Name _____ Relationship to the Case _____

Email (required) _____

Institution _____ Phone (____) _____

Full Name _____ Relationship to the Case _____

Email (required) _____

Institution _____ Phone (____) _____

AUTHORIZATION

I hereby authorize Claritas Genomics to grant access to my patients' data files to the individuals listed above. This will include sequence information that is unrelated to the patients' clinical symptoms and the original clinical indication for testing. I understand that any interpretation of the data provided is at the recipient's discretion and that Claritas Genomics cannot control how the recipient uses or shares this information.

Original Ordering Provider's Printed Name

Institutional Affiliation

Original Ordering Provider's Signature

Date

