Data Return Authorization Form: Raw Data

This form documents authorization of patients and their family members to release sequencing data. Our standard data delivery package consists of BAMs and VCFs. Electronic delivery of data is included as a feature of Claritas Genomics' exome-based testing service. For information on additional services – such as additional distributions of data, alternative methods of data delivery, informatics pipeline re-run, and per hour consultation - please contact Client Services at (toll-free) 855-373-9003 to discuss logistics and pricing.

PATIENT INFORMATION

Identify the individuals for whom data is being requested. If testing includes family members (i.e., a Trio), each family member must authorize this data release.

	NAME		DATE OF BIRTH (mm/dd/yy	CLARITAS ACCESSION NUMBER
Patient				
Related individual, if applicable. Describe relationship:				
Related individual, if applicable. Describe relationship:				
			l	
RELEASE DATA TO:				
Full Name		Relationship to the Case		
Email (required)				
Institution			Phone <u>()</u>	
Full Name	Relationship to the Case			
Email (required)				
Institution				
Full Name				
Email (required)				
Institution				
AUTHORIZATION				
l hereby authorize Claritas Genomi	cs to release the seque	ence data	a files from my/my chil	d's exome to the individuals

listed above. This will include sequence information that is unrelated to my/my child's 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. I am aware that once released, any copies that are made of this information will not be under the protection or control of Claritas Genomics. Signatures are required for all individuals for whom data is being requested and released:

Patient's signature (or signature of parent or legal guardian)	Date
If applicable, signature of related individual (from table above)	Date
If applicable, signature of related individual (from table above)	Date

