





HOTLINE: Effective November 18, 2019

2006332	Exome Sequencing, Trio	EXOME SEQ
	Pre-Authorization for Exome Sequencing – (Not Required)	 Patient History for Exome Sequencing (Required)
	Informed Consent for Exome Sequencing (Required)	 Additional Technical Information

Note: For each parental or family member's specimen, please indicate on the test requisition form that the sample is a control and reference the patient's name. Control samples submitted without a separate signed exome sequencing consent form will not receive a clinical report of their ACMG secondary findings or other actionable secondary variants.