



Variant IQ™ Family Insight Program: Application Form

The following form should be completed by the patient's healthcare provider. Please provide as much clinical information related to the patient's genetic test result and diagnosis as possible. We also ask that you send a detailed pedigree and relevant patient clinic notes, if available. Please fax this application and requested paperwork to 1.774.843.5657. For questions about our Variant IQ™ Family Insight Program or about your patient's application, please call Quest Genomics Client Services at 1.866.GENE.INFO and ask to speak to a Genetic Counselor.

Patient Name: _____ Accession #/Patient ID: _____
 Physician/GC: _____ Phone number: _____
 Client #: _____ Fax number: _____
 Email: _____

Please specify which VUS(s) you are interested in testing. List gene and mutation (ie, *NF1* c.100G>A)

Please list the patient's relatives, who are available for testing and could be informative for family studies. Informative relatives may include: patient's parents, relatives who are affected with the disease in question, and relatives who have other diagnoses relevant to the disease in question. If the relative is healthy and unaffected, please leave the last two columns blank.

Name	Gender	Relationship to Patient	Diagnosis	Age Affected or Diagnosed
Example: First Last	F	Maternal Aunt	Multiple café au lait spots	10y

Please attach a detailed pedigree and relevant clinic notes if available. Fax to 1.774.843.5657. One of our genetic counselors may call for additional information.