
 <p><b>Children's of Alabama</b></p>	<p><b>Genome Sequencing Review Group Application for Whole Genome Sequencing</b></p> <p><b>For Internal Purposes:</b></p> <p><b>Date Received:</b> <b>Date Reviewed:</b></p> <p><b>Application No.</b></p>	
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**WHOLE GENOME SEQUENCING (WGS) APPLICATION**

This program is intended for patients in whom sequencing results have the potential to significantly impact care and management decisions for a current or imminent medical condition of a serious, potentially debilitating nature.

All referrals should be made by a Children's of Alabama physician and will be reviewed by the Genome Sequencing Review Group.

**1. DOCTOR INFORMATION**

Primary/Requesting Provider Name:	Telephone Number
Email	Fax Number
Secondary/Supporting Provider Name:	Telephone Number
Email	Fax Number

**2. PATIENT INFORMATION**

First, Middle and Last Name	MRN
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female

**3. CLINICAL INFORMATION**

Indication for testing: Diagnostic <input type="checkbox"/> Family History <input type="checkbox"/> Other (explain):	Problem list:
Clinical Summary (restrict to a maximum of two pages, inclusive as possible, please include patients functional and/or developmental status)	
Family History of condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach pedigree, or describe:
Work-up Completed to date (diagnostic tests and their results, functional and imaging results, DNA testing)	

\*DT0284\*

List pathways, genes and/or chromosomal regions of interest (if any)_:
Other comments or information
<b>4. Summary of how establishing a molecular diagnosis will affect clinical care</b>
<b>5. Research Use</b>
Indicate whether there is an intent to generate secondary generalizable knowledge in addition to the clinical care noted above. If so please inform us what IRB protocol this research will be performed under or provide proof of IRB exemption.
<i>For Internal Use</i> Recommendation: <ol style="list-style-type: none"><li>1) Recommend performing WGS</li><li>2) Return to clinician for additional testing and/or additional information</li><li>3) Reserve for future consideration of WGS</li><li>4) WGS <u>not</u> recommended</li></ol>

Completed form should be submitted to the program coordinator, Tammi Skelton:

Tammi L. Skelton, MSN, CRNP, NP-C  
Pediatric Coordinator  
Undiagnosed Diseases Program  
**tlskelton@uabmc.edu**  
Fax: **205-934-4111**

If you have questions please call: 205-975-6337