**Illumina Clinical Services Laboratory –** Illumina, Inc.

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# TEST REQUISITION AND PATIENT INFORMATION
## For Individual Genome Sequencing

### 1. Requested Test

Please select most appropriate indication (Please see www.everygenome.com/test_process for test definitions)

| | | |
|---|---|---|
| ☐ Individual Genome Sequencing | FT-800-1001 | $ 9,500 |
| ☐ Tumor/Normal Sequencing | FT-800-1002 | $10,000 |
| ☐ Rapid TAT Individual Genome Sequencing† | FT-800-1011 | $11,900 |
| ☐ Rapid TAT Tumor/Normal Sequencing† | FT-800-1012 | $13,000 |

Reporting Options: ☐ Wellness Screen Interpretation ☐ Technical Data Only

For certain serious medical situations, Illumina sponsors a subsidy program. Please contact us for additional information.

†**A limited number of Rapid Turnaround Time (TAT) samples can be accepted.**
**Contact the Illumina Clinical Services Laboratory at 858.736.8080 prior to sample submission for approval.**

### 2. Physician and Institution Information

| | |
|---|---|
| Authorized Physician [Print Name] | NPI# |
| Institution Name and Mailing Address | Telephone Number |
| | Fax Number |
| | Email |
| | Genetic Counselor |
| **Authorized Physician Signature (Required)** | **Date (MM/DD/YYYY)** |

### 3. Patient Information

*First Name Middle Initial Last Name

| | | |
|---|---|---|
| Date of Birth (MM/DD/YYYY) | Sex ☐Male ☐Female | ☐ African American ☐ Caucasian ☐ Native American<br>☐ Ashkenazi Jewish ☐ Hispanic ☐ Other:<br>☐ Asian/Pacific Islander ☐ Middle Eastern |

*Subject Identifiers may be used for IRB-approved study samples

| | |
|---|---|
| IRB Institution | IRB Protocol Number |

### 4. Clinical Information (Required for Diagnostic Evaluation)

| | |
|---|---|
| Pertinent Clinical Information (Diagnosis, Symptoms, Family History) | ICD-9 Code(s) |
| Genes/Regions of Interest | |

### 5. Sample Information

Date Sample Obtained (MM/DD/YYYY) Time

Sample Type (Check all that apply)

☐ Blood in Collection Tube Cancer Sample? ☐ Yes ☐ No
☐ DNA (Extracted) Cancer Sample? ☐ Yes ☐ No

Tissue Source _____

## 6. Billing Information

**Payment**

- The Responsible Party identified below agrees to pay the full price of the test. ***Illumina will not begin processing the sample until payment arrangements have been made.*** Testing may be delayed if satisfactory payment arrangements have not been made. This applies to all tests, including Rapid TAT tests.
- The Responsible Party shall pay 100% of the test price prior to initiation of testing.
- Illumina ***does not*** bill health insurers or institutional billing departments. If reimbursement is necessary or desired, the Responsible Party shall make his/her own arrangement to receive reimbursement.

Please select the most appropriate billing option below (this is the Responsible Party)

| | |
|---|---|
| ☐ Facility / Contract Billing<br>***Facility/Physician billing must be pre-arranged*** | ☐ Patient/Legal Guardian/Other |
| Facility Name | Name [Name of Responsible Party] |
| Address, City, State, Zip | Billing Address, City, State, Zip |
| Purchase Order # | |
| Contact Person | Phone |
| Phone / Email | Email |

**Statement Regarding IGS Test**

- Individual Genome Sequencing (IGS) will be performed in the Illumina CLIA (Clinical Laboratory Improvement Amendments)-certified and CAP (College of American Pathologists)-accredited Clinical Services Laboratory, under a valid and unexpired California Clinical Laboratory License. IGS information is generated by licensed personnel using an analytically validated process. Consistent with Laboratory Developed Tests, it has not been cleared or approved by the U.S. Food and Drug Administration.
- Each test offering may provide different results information. Please review the test descriptions at www.everygenome.com/test_process to ensure that the most appropriate test is ordered.

**Responsible Party Acknowledgement and Signature**

I agree that I am financially responsible for the full amount of the test price.

_____ Date _____

Select your payment option:

☐ Payment by wire transfer (Illumina will contact me to arrange payment).

☐ Bill my credit card for 100% pre-payment.

*Illumina can only accept credit cards from the US and Canada

Cardholder Name [☐ Same as above]

Card Number

| Card Type | CCV | Expiration Date (MM/YYYY) |
|---|---|---|
| ☐ VISA<br>☐ MasterCard<br>☐ AMEX | | |

*Note that Illumina cannot accept samples from Florida and New York.*