

	Illumina Clinical Services Laboratory Illumina Inc. Attn: Personal Genome Inquiries 5200 Illumina Way San Diego, CA 92122, USA Phone: 858.736.8080 Fax: 858.736.8600 personalgenomeinquiries@illumina.com	For Internal Purposes: Date Received: Date Reviewed: Application No.

ILLUMINA SUBSIDY PROGRAM APPLICATION

For Individual Genome Sequencing

The Illumina Subsidy program can enable access to the Individual Genome Sequencing (IGS) test at a reduced cost supported through a subsidy from the Illumina Foundation. This program is intended for patients for 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 applications are considered by an internal review board to determine eligibility. Feel free to contact us for additional information prior to submitting an application.

Please submit completed application to personalgenomeinquiries@illumina.com or fax to 858.736.8600.

1. Ordering Physician Information

Name	Telephone Number
Institution Name and Mailing Address	City, State, Zip/Post Code
	Country
Email	Fax Number

2. Patient Information

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

3. Clinical Information

Indication for testing: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Family History <input type="checkbox"/> Other (explain):	ICD-9 Code(s):
Describe diagnostic suspicion:	
Is the patient symptomatic? Please describe.	
List all prior pertinent evaluations and results. Please describe why sequencing is the next step.	

List genes and/or regions of interest:

Family history of condition:

☐ Yes ☐ No

If yes, please attach pedigree, or describe as following

Number of affected family members:

Relationship to patient:

Symptoms and age of onset:

4. Statement of How IGS Information Will be Used to Manage Patient Care

Indicate how whole-genome sequencing results are likely to significantly alter current and/or future care and management of this patient. For example, what alternative treatments would become available? Please be specific.

5. Statement of Bioinformatics Support

Indicate what bioinformatics resources you have to analyze the IGS data for clinical applications. Provide a general description of analysis approach.

6. Information Sharing

Illumina's goal in subsidizing its IGS service is to promote the integration of genomic information in the management of the individual's health. Accordingly, I am prepared to share with Illumina how this IGS data was used in the care of this patient and the outcome. This will be done in a manner that de-identifies the patient.

7. Authorization

I am authorized to order the subsidized IGS test. For clarity, this form does not constitute the test order, which will be sent at a later date.

8. ATTESTATION

I certify that the statements made in this application are true and correct to the best of my knowledge.

Physician's Signature _____ Date (MM/DD/YYYY) _____

Illumina does not accept samples from Florida and New York.

For Internal Use

Recommendation:

