
 <p>Children's of Alabama</p>	<p align="center">Genome Sequencing Review Group Application for Whole Genome Sequencing</p> <p align="center">For Internal Purposes:</p> <p align="center">Date Received: Date Reviewed:</p> <p align="center">Application No.</p>	
<p>WHOLE GENOME SEQUENCING (WGS) APPLICATION</p> <p>100 Genomes at Children's of Alabama Research Study</p> <p>This study is intended for patients in whom whole genome 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.</p> <p>All referrals should be made by a Children's of Alabama physician and will be reviewed by the study team.</p>		
1. DOCTOR INFORMATION		
Primary/Requesting Provider Name:	Telephone Number	
Email	Fax Number	
Secondary/Supporting Provider Name (if applicable):	Telephone Number	
Email	Fax Number	
2. PATIENT INFORMATION		
First, Middle, and Last Name	COA MRN:	
Date of Birth (MM/DD/YYYY)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Caregiver name and relationship:	Language: <input type="checkbox"/> English <input type="checkbox"/> Other:	
Caregiver phone number:	Is family aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. CLINICAL INFORMATION		
Indication for testing: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Family History <input type="checkbox"/> Other (explain):	Problem list:	
Clinical Summary (Please include patient's functional and/or developmental status):		

Work-up Completed to date including diagnostic tests and their results, functional and imaging results, DNA testing. (Note: Unrevealing whole exome sequencing is an exclusion criteria):

List other physicians and/or subspecialty teams involved in this patient's care:

Family History of condition: Yes No If yes, please attach pedigree, or describe:

List pathways, genes and/or chromosomal regions of interest (if any):

Other comments or information:

4. Summary of how establishing a molecular diagnosis will affect clinical care

Completed form should be submitted to the program coordinator, Amber Samuelson:

Amber Samuelson, R.N.
Nurse Coordinator
100 Genomes at Children's of Alabama
asamuelson@uabmc.edu
Fax: **205-975-6613**

If you have additional questions please contact study Primary Investigator, Anna Hurst, MD:
achurst@uabmc.edu, Phone: **205-934-4983**