PRAXIS GENOMCS

6115 Peachtree Dunwoody Rd, Suite 220 | Atlanta, GA 30328 | Phone: 678-837-4022 | Testing information available at www.praxisgenomics.com

NGS Data Release Request Form

This form is for healthcare providers to authorize release of NGS data from any testing laboratory to Praxis Genomics for reanalysis.

Contact Information for Data Release			
Healthcare Provider Name	Data Type Requested	VCF File	BAM File
Email Address	FASTQ File	Other (Specify):	
Phone Number	Note: Only select alternate file types if FASTQ is not available		
Institution Name			
Institution Address	Instructions for Data Transfer Results are to be transferred directly from the testing laboratory to Praxis Genomics in order to ensure data integrity and protect PHI. Contact us at <i>informatics@praxisgenomics.com</i> to arrange a secure file transfer.		
NPI#			

Patient / Data Information			
Patient Full Name	Date of Birth	MRN / Provider ID	Lab ID / Report #
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I understand and request that the data for the above patients for any applicable tests performed by _

be released to Praxis Genomics for reanalysis. I authorize the above named laboratory to transmit the indicated data and copies of the associated reports to Praxis Genomics.

Signature of Healthcare Provider

Date