Investigative Genomics Query Form

Client Details	
Name of Researcher/Clinician:	
Name of Institute/Hospital:	
Address:	
Phone No./Mobile No:	
E-mail:	

Project Details

Application to be performed

☐ Whole Gene Sequencing ☐ Exome Sequencing ☐ Mitochondrial DNA Sequencing

☐ Customized Disease Panel (Please Specify):_____

Name of Disease:	
Sample Type:	☐ Tissue ☐ DNA ☐ Blood ☐ Saliva ☐ Amniotic Fluid ☐ Sputum ☐ Others (Please Specify):_____
Name of Gene:	
No. of Mutations to be covered:	
Full name of gene mutations *(if available)*:	

Technology Platform:

a) To be suggested by Xcelris based on application: ☐ Yes ☐ No

b) Specific technology suggested by Client: ☐ Yes ☐ No **If Yes (Please Specify):**_____

Reference Citation Link *(Please attach .pdf files if available)*	
Intended Clinical Use:	☐ Diagnostics ☐ Prognostics ☐ Risk Assessment ☐ Research ☐ Confirmatory
Brief Patient History	

Non-Disclosure Agreement: We (Xcelris) hereby assure complete confidentiality regarding to any details mentioned in this form. These details are meant for information purpose only for molecular diagnostics testing. We confirm that this information would be strictly confidential and will not be disclosed to any person outside Xcelris without prior consent. We also assure that we will not use the disclosed information for any other purpose in future times.

Place: **Date:**

(Signature) **(Signature)**

(Xcelris Representative) (Client)

For Internal Use Only: Additional Comments: