

# Family Insight Program

Collecting Family Information for Variant Classification



## Application Form

**The following form should be completed by the patient's healthcare provider.** Please provide as much clinical information related to the patient's genetic test result and diagnosis. We also ask that you send a detailed pedigree and relevant patient clinic notes, if available. Please fax this application and requested paperwork to **1.774.849.3207**. For questions about our Family Insight Program or about your patient's application, please contact us at **1.800.394.4493 x 2031 (Genetics@AthenaDiagnostics.com)**, and ask to speak with a genetic counselor.

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Accession Number*

\_\_\_\_\_  
*Physician/GC*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Fax Number*

\_\_\_\_\_  
*Email*

Please list the patient relatives who are available for testing and informative for family studies. Informative relatives may include: patient's parents, relatives who are affected with the disease in question, relatives who have other diagnoses relevant to the disease in question. If the relative is healthy and unaffected, please write "unaffected" under diagnosis and list their current age.

Name	Gender	Relationship to Patient	Diagnosis	Age Affected or Diagnosed

Please attach a detailed pedigree and relevant clinic notes if available. Fax to 1.774.849.3207. One of our genetic counselors may call for additional information.

