



**Illumina Clinical Services Laboratory** - Illumina Inc.  
Attn: Personal Genome Inquiries  
9865 Towne Centre Dr  
San Diego, CA 92121, USA  
Phone: (858) 736-8080  
PersonalGenomeInquiries@Illumina.com

## Illumina Personal Genome Sequence Kit REQUISITION FORM

1. PATIENT INFORMATION		
Last Name	First Name	Middle
Address	Country	
	Date of Birth	
Telephone Number	Is the patient a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email	Is the patient the payer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. DOCTOR INFORMATION		
Ordering Doctor Name		
Address	Country	
	Telephone Number	
	Email	
3. SHIPPING ADDRESS		
Address	Country	
	Telephone Number	
	Email	
4. SAMPLE INFORMATION		
Is the sample a tumor sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will the normal (germline) sample need sequencing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Requests		

*Please note: Illumina does not accept samples from the following states; Florida, New York, and Rhode Island.*

This is a request for the Personal Genome Sequence kit.

**This is not the formal test order, which will be included in the kit that you will receive.**

The Personal Genome Sequence kit will contain:

- Personal Genome Sequence Requisition Form
- General instructions
- A Consent Form
- A Service Agreement for your patient
- A saliva collection kit with instruction
- A blood collection order form and kit with instruction for you or a phlebotomist
- The necessary return envelopes

Please email to **PersonalGenomeInquiries@Illumina.com**.