

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

Sample Request Form		
Patient Information		
Patient Full Name / Identifier		Date of Birth
Patient samples requested by Praxis Genomics for the purpose of a molecular assessment.		
Somatic diagnostic testing aims to establish the molecular cause of disorders that are manifesting only in a subset malignancies as well as cases of mosaicism and chimerism. The analysis is performed by comparison of the gene Acceptable normal samples are blood, buccal swab, saliva, or tissue biopsies from unaffected areas. The abnormal ce the body and can be cells or tissue samples. Both frozen and fixed samples (FFPE) are accepted. The results can purposes.	tic content of the	e patient's normal and abnormal cells. ve from the affected organ or region of
Currently only Praxis Genomics offers co-analysis and co-interpretation of Optical Genome Mapping (OGM), short-data for characterization of malignancies. These datasets correspond to a high level overview, high resolution asse Together, these methodologies identify structural variants (SV) including copy number neutral translocations, nucleotide variants (SNV) and indels) and mitochondrial depletion (mitochondrial: nuclear genome ratio changes).	ssment and func inversions and r	ctional assessment of the human genome
The following tests may be performed on the patient's samples:		
Contact Information for Sample Release		
Full Name of Person Requesting Sample		Sample Type Requested
Healthcare Provider / NPI	H&E SI	lides Unstained Slides
Email Address	Blocks	Report
Phone Number	Note:	
Institution (Required if Provider)		
Please send the samples requested above using an appropriate shipping method to the address be contact support@praxisgenomics.com	elow. For ques	stions pertaining to shipping, please
Attn: Paul Smith Praxis Genomics 6115 Peachtree Dunwoody Rd Suite 220 Atlanta, GA 30328.		
Signature	Da	ate