

Clinical Utility Form

1.	Diagnoses prior to submission of sample for whole genome sequencing (WGS):
2.	Diagnoses after receipt of WGS
3.	WGS (please select the best response):
	☐ Confirmed the clinical diagnosis
	☐ Produced a new diagnosis
	☐ Gave a possible diagnosis
	☐ Ruled out a suspected diagnosis
	\square Did not contribute to the diagnosis
	☐ Other, please specify:
	□ NA
4.	If WGS confirmed or produced a diagnosis, was confirmatory testing then performed?
	□ YES
	\square NO
	\square NA

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5.	Did WGS change the management of the patient?	
	□ YES	
	\square NO	
	\square NA	
	If no, skip to question 6. If yes, mark all that apply:	
	\square Condition specific management (specific therapy targeted to the diagnosis)	
	Specify therapy: Specify therapy: Specify therapy:	
	\Box Condition Specific Supportive Interventions (supportive care informed by a better understanding diagnosis)	of the
	Specify supportive care: Specify supportive care: Specify supportive care:	
	☐ Palliative or End of Life Care (palliative care informed by an improved understanding of the progno Specify type of palliative care: Specify type of palliative care: Specify type of palliative care:	osis)
6.	Did the WGS result change the post genetic consultation?	
	☐ YES If YES, describe how?	
	\square NO	
	□ NA	
7.	The results of the WGS led to additional clinical testing (check all that apply)	
	Specialty consultation Specify: Physiological testing Specify: Imaging Specify: Laboratory Specify: None NA	
8.	Please provide any additional detail:	

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