Gene Test

Patient Information

Name: John Smith

Date of Birth: 02/14/1985

Gender: Male

Family History of Genetic Disorders:

Father with Huntington's Disease

Presenting Symptoms:

Muscle coordination difficulties, mood swings

Test Requested

- [x] Single Gene Testing
- [ ] Panel Testing
- [ ] Whole Exome Sequencing
- [ ] Whole Genome Sequencing
- [ ] Other: _____

Purpose of Test

- [ ] Diagnostic
- [ ] Carrier Testing
- [ ] Prenatal Testing
- [ ] Newborn Screening
- [x] Predictive and Presymptomatic
- [ ] Pharmacogenomics

Sample Collection

Date Collected: 04/10/2021

Collected By: Dr. Emily White

Sample Type:

- (•) Blood
- ( ) Cheek Swab
- ( ) Amniotic Fluid
- ( ) Other: _____

Laboratory Information

Lab Name: GenHealth Labs

Lab Address: 1234 Genetics Way, Science City, SC 12345

Contact Information: (555) 987-6543

Test Results

Date Reported: 04/20/2021

Reported By: Dr. Emily White

Results:

- (•) Positive
- ( ) Negative
- ( ) Variant of Unknown Significance (VUS)
- ( ) Inconclusive

Specific Findings:

Huntington's Disease Gene (HTT) mutation detected

Interpretation of Results

Genetic Counselor's Name: Sarah Johnson

Interpretation Date: 04/22/2021

Notes:

Patient has a positive result for the HTT gene mutation, indicating a high risk for developing Huntington's Disease.

Recommendations and Follow-Up

Further Testing: Not applicable

Referral to Specialist: Neurologist for ongoing monitoring and management

Family Testing Recommended: Yes, for siblings and children

Additional Notes:

Patient should consider neurological evaluation and discuss family planning options.

Patient Consent

I, _____John Smith_____, hereby consent to the genetic testing as described above.

Signature:

Date: 04/10/2021

Physician Signature

Name: Dr. Emily White

Signature:

Date: 04/10/2021