

# GENASSIST™ ABC's Profile © 2015, 2016

This form is designed to allow you to provide more detail about your family history. The information provided will be used to generate a “**Unique Genetic Letter**” which outlines diseases and/or disorders, the mode of inheritance and the recurrence risk that specifically relates to you and other family members.

If you have any questions about this form or how to fill it out, please email us at [kswexler@genassist.com](mailto:kswexler@genassist.com) or call us at 800-359-9412.

**Please complete the form and email it to [kswexler@genassist.com](mailto:kswexler@genassist.com): We will review the form and email you a price quote of what the analysis will cost before proceeding.**

**\*SAMPLE**

Relative Relationship	Gender (e.g. M/F)	Age	Race/Ethnicity	Disease/Disorder, If Deceased Age at Death & (Cause)
Daughter	F	4	Caucasian	Asthma, Down Syndrome, Juvenile Diabetes
Father	M	42	Irish/Italian	Crohn's
Father's Uncle	M	39	Indian	Colon Cancer, 39 (Colon Cancer)
Mother's Half Brother	M	22	Italian	Hemophilia
Father's Niece	F	16	Asian/Indian	Ovarian Cysts
Mother's Cousin	M	18	Hispanic	Alcoholism, Drug Addiction

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Race/Ethnicity:** \_\_\_\_\_

**What is your main reason for contacting us:** \_\_\_\_\_

**Do you have any serious and/or chronic medical problems?** No: \_\_\_\_\_ Yes: \_\_\_\_\_

**If yes, please describe:**

\_\_\_\_\_

