Friday, February 19, 2021

**Genome Diagnostics Laboratory**

The Hospital for Sick Children

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**RE:** Patient name (Health Card Number: OHIP, Order Number: Lab order #)
**Response to request for additional information**

To whom it may concern,

In response to your request for additional clinical information for genome-wide sequencing on the above patient, please accept this letter and attached documentation.

You will find attached the following supporting clinical information:

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We can be reached at your phone number or by email at your email.

Name of physician Genetic counsellor (if applicable)