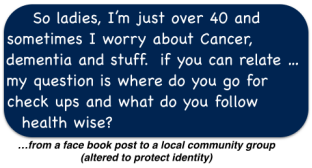
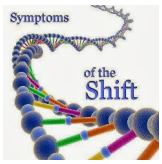
DNA Profiling

CRITICAL STEP IN CLINICAL CONFIRMATION



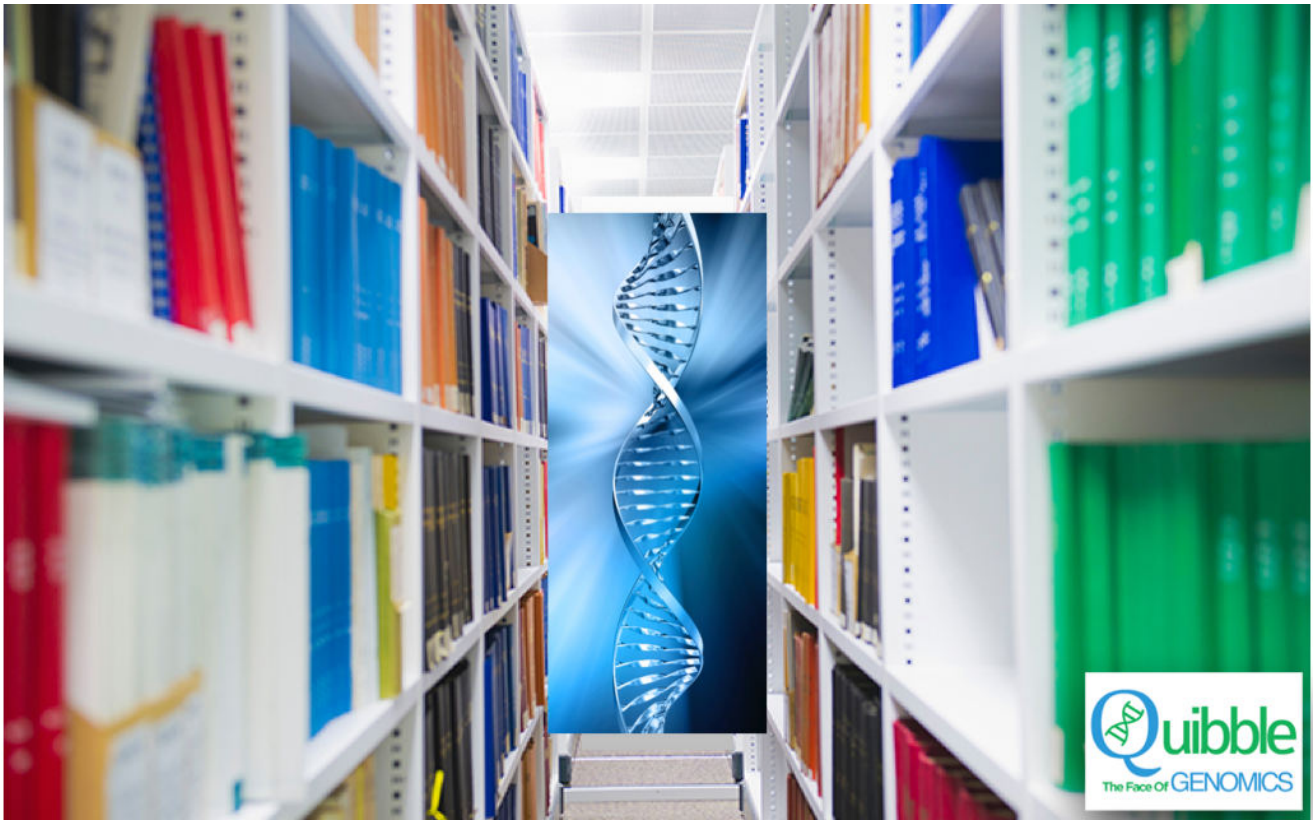
GENOTYPING FOR DOCTORS
ETHICAL DILEMMA



UNITING ACO WITH DNA?
TIME AND PLACE

INVESTING IN GENOMICS
3 THINGS TO KNOW

CLINICAL TRIAL



Clinical Pre Screening with DNA

There is no question for the need to consider genetics for well known cases of family history for certain health conditions which are sufficiently evident in patient interactions. Depending on the insurance, it may even be possible to test children of the family for the predisposition to enable early detection. Cost is often the barrier for a physician and patient to consider genetic testing in the absence of pre-authorization from the insurance company. Thanks to

Clinical exome enables for early detection early response in DNA tested families

clinical exome sequencing which captures the coding regions only along a patient's DNA which lends itself to selective analysis. Such analysis may suggest need for a more comprehensive targeted testing for a clinical confirmation. This is referred to as clinical pre-screening which can be used for getting pre-authorization from an insurance carrier.

Funding the Clinical Trial

A clinical trial helps in collecting evidence for a certain protocol with candidate cases of a health condition mixed with known and confirmed cases serving as controls. This is different from a Genome Wide Association Study where known genome data are aligned to identify statistically significant variants which in itself is useful in establishing gene clues for consideration by NCBI panels of experts. The objective of a pre-screening clinical trial is to establish validity of a broader perspective of a patients' genomic health which can be conduit for future pre-authorizations for targeted testing which in turn enable early detection early response mode of treatment options.

For a given network of clinical establishments, pooling the costs of clinical DNA profiling amortized over the treatment life cycle of a patient makes economic sense while reducing the risks of late response or unnecessary clinical testing. Targeted education and sharing knowledge of options within the routine physician-patient interaction are vehicles that empower the patients to self-fund toward clinical DNA profiling.

Consistent with established test order protocols, hospital systems avail clinical DNA profiling and subsequent select clinical trials and genetic tests to the participating physicians, whose practices can present pro-active health empowerment options to their patients. This model could emerge to enable evidence driven reimbursements, eventually more than offsetting the costs of DNA profiling as more and more insurance plans develop to meet the goals of early detect early response mode of healthcare.

Quibble Genomics offers a range of DNA profiling options from low cost saliva based Genotyping to clinical quality exome sequencing to help assess benefits of pro-active healthcare management for the patient community. Well trained practices can offer two DNA profiling orders per week per physician at a cost of $6000 per patient or $7500 per a parent pair/child trio. As more physicians participate, this amounts to a steady growth for the hospital system with future opportunities for further care.

Last mile in Genetic testing

Patient or Provider can use the GeneClues® Mobile App to order, analyze or visualize a clinical DNA profile. Patients are able to order health condition reports presented by physicians. Providers can order targeted genetic tests for clinical assessment.