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**Principle Values:**

1. **Clinical grade mutation database**
    a. Evidence towards or against pathogenicity
2. **Make data freely available**
3. **pre-competitive space**
4. **expectations of reciprocity**
    **a.** Users to also contribute with an obligation to submit. Create tools to monitor, allow access?
5. **Neutral party to host**
    **a.** New non-profit organization entity that can raise money?
6. **Criteria of threshold for submission**
    **a.** Verification of variant (only by CLIA certified labs or Research labs meeting criteria?)
    **b.** Tiers of submission
7. **Publication:**
    **a.** Microattribution – submission be accompanied by submitter ID.
8. **Consent model**:
    **a.** Opt out mechanism of data acquisition.
        **i.** Requirements of informing physicians, ISCA website model, pre-reviewed with Jim Ostell, NCBI – OHRPP get through IRB not formally
    **b.** IRB requirements
    **c.** Prior data – retrospective prior to initiation to opt-out allowed to send de-identified and phenotypic info but not raw data files.
    **d.** Models for opt-out for every patient in hospital.