BRACAnalysis CDX® Germline Companion Diagnostic Test

To avoid delays please complete entire form

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Myriad Genetic Laboratories, Inc.
320 Wakara Way • Salt Lake City, Utah 8410
(800) 469-7423 • (801) 584-1100
Fax (801) 584-3615 • info@myriad.com

Specimen collection date (required)

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5. Test requested 5. Reacanalysis CDx* - BrCA1 and BrCA2 gene sequence and large rearrangement analysis to identify the presence of BrCA1/2 mutation(s). Results of the test are used as an aid in identifying breast cancer patients who are or may become eligible for treatment with LYNPARZA* (olaparib). For more detailed information, including a complete list of Contraindications, Limitations, Warnings and Precautions of the assay, please see page 2 of the BrACAnalysis CDx* Technical Information at https://sa.amazonaws.com/myriad-web/BrACAnalysisCDXTs.pdf . 6. Confirmation of informed consent & statement of medical necessity I affirm seed of the following: I have provided genetic testing information to the patient and the patient has consented to genetic testing. This test is medically necessary for the diagnosis of a disease or syndrome. The results will be used in the patient's medical management and treatment decisions. I authorize Myriad to assist my patients in obtaining pre-versions genetices if required by the patient's insurance provider (see reverse). The person listed as the ordering provider is authorized by law to order the test(s) requested herein. 7. Billing/payment information Option 1: Bill insurance (Please attach copy of authorization/referral) Name of policy holder: DOB:	Check if applicable to patient: No known family if Family history of cance	Diagnosis of a hemato CD-10 code(s) / Dx: history of cancer	Maternal (mother's side)	Paternal (father's side)	Limited fam or paternal i	nily structure relatives hav	E Limited familying lived beyon	ly history nd age 4	available such	as fewer t	han two fem	ale† 1st c	Age at each
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to genetic testing. This test is medically necessary for the diagnosis of a disease or syndrome. The results will be used in the patient's medical management and treatment decisions. I authorize Myriad to assist my patients in obtaining pre-test genetic counseling services if required by the patient's insurance provider (see reverse). The person listed as the ordering provider is authorized by law to order the test(s) requested herein. 7. Billing/payment information Option 1: Bill insurance (Please attach copy of authorization/referral) Name of policy holder:	Check if applicable to patient: No known family Family history of cance Relationship to patient 5. Test requeste BRACAnalysis CDX cancer patient on may become eligible for treatmer BRACAnalysis CDX®	Diagnosis of a hemato ICD-10 code(s) / Dx: history of cancer or BRCA1 and BRCA2 gene or are or may become eligible eligible for treatment with L' at with LYNPARZA® (olaparib). Technical Information at htt	Maternal (mother's side) sequence and le efor treatment w YNPARZA® (olaps). For more detaips://s3.amazon.	Paternal (father's side) (father's side) arge rearrangement ith LYNPARZA® (olararib) or ZEJULA® (nir led information, inclaws.com/myriad-we	Limited fam or paternal in Cancer site or po (if colon/rectal ad analysis to identi parib) or TALZENN raparib). In additifuding a complete bb/BRACAnalysis	nily structure relatives have some some since the present of the p	e Limited familing lived beyon lude total number of BRCA1, arib). Further, if the test are a	ly history nd age 4: per) /2 mutat results o also usec	available such 5	of the tessed as an and pros	t are used as aid in identii tate cancer p	s an aid ir 'ying ovar atients w	Age at each diagnosis in identifying breast ian cancer patients who are or may become
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Testing for BRACAnalysis CDx®

Important information for patient

Billing terms

I represent that I am covered by insurance and authorize Myriad Genetic Laboratories, Inc. (MGL) to give my designated insurance carrier, health plan, or third party administrator (collectively "Plan") the relevant health information necessary for reimbursement. I authorize Plan benefits to be payable to MGL. I understand MGL will contact me if I will be financially responsible for any non-covered service. By agreeing to testing I also authorize Myriad to obtain a consumer credit report on me from a consumer reporting agency selected by Myriad. I understand and agree that Myriad may use my consumer credit report to confirm whether my income qualifies me for financial assistance. I further understand that this is not a credit application and will not impact my credit score. I agree to assist MGL in resolving insurance claim issues and if I don't assist, I may be responsible for the full test cost. I permit a copy of this authorization to be used in place of the original.

Affordability

For information about test affordability, please visit https://myriad.com/financial-assistance/.

Myriad also provides free language services to people whose primary language is not English through qualified interpreters. If you need these services, contact Customer Service at 800-469-7423.

Non-discrimination

Federal law (GINA) and laws in most states prohibit discrimination regarding employment eligibility, health benefits, or health insurance premiums based solely on genetic information. Myriad Genetic Laboratories, Inc. (Myriad) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Sex assigned at birth is a label given to an individual at birth, typically "male" or "female".

A legal name identifies a person for legal and administrative purposes. It is recorded on a birth certificate, marriage certificate, or other government issued document that records a name change.