

VIRTUAL TESTING REQUEST COVER SHEET

Myriad Women's Health offers you the ability to order our Myriad myRisk® Hereditary Cancer test, Myriad Prequel™ Prenatal Screen (NIPS), and Myriad Foresight® Carrier Screen virtually for a patient. Once you have determined that this test is appropriate and have discussed it with your patient, fill out this cover sheet and send it to us along with a completed, signed test request form (TRF) and a copy of the patient's insurance information. We will send your patient a test kit to collect a sample and begin testing.

Step 1: Patient Details

First Name _____ Last Name _____

Address: _____

City _____ State _____ Phone _____

Test type:

- One (1) myRisk Hereditary Cancer Test (saliva)
- One (1) Prequel Prenatal Screen (NIPS) (blood)
- Two (2) Foresight Carrier Screens for couple (saliva)*
- One (1) Foresight Carrier Screen (saliva)

*Please include a separate TRF for each individual. Write in "Tandem Reflex panel" in the Disease Panel section of the partner's TRF if you would like the partner's sample to only run if your patient is positive for a condition.

Step 2:

Submit this form along with the test request form and a copy of the patient's insurance information through fax or secure email.

For myRisk orders:

Fax:
1-801-584-3615

Secure email:
csaccesssteam@myriad.com

For Prequel and Foresight orders:

Fax:
1-201-246-6436

Secure email:
prenatalsupport@myriad.com