Preconception/Prenatal requisition form

Myriad genetics

Instructions
1. Collect the patient's sample by following the instructions in the kit.
2. Place this form in the kit along with the sample(s). Incomplete information may delay sample processing.

Required patient information

Myriad Genetics will use this information to contact the patient via e-mail, SMS and/or phone regarding payment, screen processing status and online results access, or as otherwise outlined in the Informed Consent document. By submitting this requisition, I confirm that I have obtained the patient's express authorization to be contacted by Myriad through any of these means.

Patient e-mail address*

Patient legal name (first)* MI

Patient legal name (last)*

Patient mobile number

Patient address

City State Zip

Required: Sex at birth* ☐ Female ☐ Male
Sex assigned at birth is a label given to an individual at birth, typically "female" or "male".

____ /____ /____
Date of birth* *(mm/dd/yyyy)*

Ethnicity. Select all that apply.
☐ Northern European e.g. British, German
☐ Southern European e.g. Italian, Greek
☐ French Canadian or Cajun
☐ Ashkenazi Jewish
☐ Other/Mixed
☐ East Asian e.g. Chinese, Japanese
☐ South Asian e.g. Indian, Pakistani
☐ Southeast Asian e.g. Filipino, Vietnamese
☐ African or African American
☐ Hispanic
☐ Middle Eastern
☐ Native American
☐ Pacific Islander
☐ Unknown

Authorized representative

By providing the below contact, I confirm that the patient has expressly consented to Myriad sharing the patient's protected health information, including screening results and billing information, with the person listed upon request. This authorization will expire 180 days from the date signed unless otherwise specified by the patient.

Name Relationship to patient

Required pregnancy information

Required: Pregnant?* ☐ Yes (Z34.90) ☐ No

Due Date**(mm/dd/yyyy)*: ____ /____ /____

First pregnancy? ☐ Yes ☐ No

____ ft ____ in Mamaternal height* ____ lbs Maternal weight*

For **Prequel** orders:
- If pregnancy type not provided, sample will be analyzed as singleton.
- If there is history of fetal demise and/or transplant, please contact Myriad to discuss the case.
- Send sample immediately or recollection may be required.

For predicted sex-at-birth results, please select 'sex chromosome analysis' in the **Testing options** section.

Foresight® Carrier Screen

Place patient's Foresight Carrier Screen barcode or write here:
Foresight barcodes begin with 1 or 5.

Collect: (One) *Lavender top tube or OG-510*

____ /____ /____ **Required:** Sample collection date*

Required: Disease panel*
Select one or write in.
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

☐ **Include fragile X (female only)**

Reproductive partner's information
A separate requisition must be completed for partner test. Provide at least 2 of the following 3 identifiers to combine results.[1]

1. Name: _____
2. DOB (mm/dd/yyyy): ____ /____ /____
3. Place partner's Foresight Carrier Screen barcode or write here:

Required: Describe relevant family history or prior testing.*

Is patient egg/sperm donor? ☐ Yes ☐ No

Required: Clinical indications*
Codes below are not exhaustive.
☐ Family history and/or partner positive screen: Z84.81
☐ Other family history: Z82.79
☐ Screening for genetic disease carrier status: Z31.430, Z31.440
☐ Family history of consanguinity: Z84.3
☐ Supervision, normal 1st pregnancy: Z34.00, Z34.01, Z34.02, Z34.03
☐ Supervision, other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
☐ Other genetic carrier status: Z14.8
☐ High-risk ethnicity: Z15.89
☐ Family history of intellectual disabilities: Z81.0
☐ Other ICD-10 codes: _____

[1] *By providing the reproductive partner's information, I certify that I have obtained each partner's consent to combine their results, and have advised each partner that both parties will have access to each other's test results. Combined results can only be generated if the physician is the same for both partners. Partner information may also be used for unmerged results.*

Clinic information

_____ **Required: Ordering healthcare provider***
Select one or write in.
_____ ☐ _____
_____ ☐ _____
_____ ☐ _____
Fax: _____ ☐ _____
_____ ☐ _____

Required billing information - Select A, B or C

Tests ordered will be processed and billed based on payer criteria.
☐ **Option A: Bill to insurance** *Attach a copy of the front and back of patient's insurance card.*

Policyholder's name* Insurance company name*

Relationship to insured:
☐ Self ☐ Spouse ☐ Child ☐ Other
Subscriber's sex at birth*: ☐ Female ☐ Male

Member ID number*

____ / ____ / ____
Subscriber's date of birth *(mm/dd/yyyy)*

Group number

☐ **Option B: Bill to patient**

Authorization number
If obtained, please attach.

☐ **Option C: Bill to clinic**

Required authorization

Healthcare provider statement of medical necessity
By submitting this requisition,
I confirm that I have obtained the patient's informed consent (at minimum that which is included in the **"Myriad Informed Consent"** **https://myriad.com/womens-health/consent-policies/#24**) for the screening after pre-test counseling about the risks, benefits, and alternatives (see back page for additional information). The patient has had the opportunity to ask questions and has voluntarily decided to have this screen.
Furthermore, I confirm that this Myriad screen is **medically necessary** for the patient.
I understand that the definition of medical necessity may vary based on payer medical policy. Unless the box indicating a twin pregnancy is checked, I certify the current pregnancy is a singleton. I authorize the disease panel, the associated patient results, and report to be amended in accordance with payer medical policy.

_____ ____/____/____
Required: Signature of healthcare provider* Date**(mm/dd/yyyy)*
This date will be deemed the date of service if an alternative collection date is not provided.

Prequel® Prenatal Screen - Noninvasive prenatal screen • 8+ weeks gestational age

Place patient's Prequel Prenatal Screen barcode or write here:
Prequel barcodes begin with 3.

Collect: (One) 10mL STRECK

____ /____ /____ **Required:** Sample collection date.*

Required: Testing options*
Select all that apply.
If none checked, only common aneuploidy (13, 18, 21) will be selected.
☐ Common aneuploidy, chromosome 13, 18, 21 (Z36.0)
  ☐ Include sex chromosome analysis[2]
  ☐ Include microdeletions, singleton only
  ☐ Include expanded aneuploidy, singleton only, includes all 22 autosomes

Additional information
Pregnancy type:[3]
☐ Singleton ☐ Twins

Was the pregnancy conceived by assisted reproductive technology? ☐ Yes ☐ No

Was egg donor used? ☐ Yes ☐ No
Age of egg or donor at time of retrieval: _____

____ /____ /____
NT ultrasound date. *(mm/dd/yyyy)*

____mm NT Baby A ____mm NT Baby B ____mm CRL Baby A ____mm CRL Baby B

Required: Clinical indications*
Codes below are not exhaustive.
☐ Advanced maternal age, 1st pregnancy: 009.519, 009.511, 009.512, 009.513
☐ Advanced maternal age, not 1st pregnancy: 009.529, 009.521, 009.522, 009.523
☐ Abnormal U/S, non-CNS*: 028.3, 035.10X1
☐ Abnormal U/S, CNS*: 035.05X1, 028.3
☐ Abnormal maternal serum screen*: 028.5,035.10X1
☐ Chromosome abnormality suspected in fetus*: 035.10X1
☐ Previous pregnancy/child affected with chromosome abnormality: 035.2XX1, 009.291, 009.292, 009.293
☐ Family history*: Z82.79
☐ Supervision normal; 1st pregnancy: Z34.00. Z34.01. Z34.02. Z34.03
☐ Supervision other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
☐ Other ICD-10 codes: _____
**Provide details and attach report with sample.*

[2] *Twin sex chromosome analysis is limited to fetal sex prediction for each twin.*
[3] *Screening cannot be performed if there are higher order multiples.*

V4.5

Prenatal cell-free DNA (cfDNA) Screening

Purpose

Prenatal cell-free DNA screening (cfDNA screening) is a non-invasive blood screen that can be taken early in pregnancy to learn about the chance for the fetus to have certain types of chromosome conditions including trisomy 21, trisomy 18, and trisomy 13. These conditions can lead to health issues, including birth defects and intellectual disabilities, and the severity can vary.

Benefits

Prenatal cfDNA screening results may help the patient and healthcare provider make more informed medical management decisions. Compared to other screening methods for chromosome conditions, cfDNA screening has fewer false positives and false negatives.

What you might learn

Prenatal cfDNA screening results indicate whether there is an increased or decreased chance for certain chromosome conditions. All “positive” results should be discussed with a healthcare provider. Follow-up testing (diagnostic testing) is recommended to determine if a chromosome condition is present or not. “Negative” results significantly reduce, but cannot eliminate, the chance of a chromosome condition in a pregnancy; this result does not guarantee a healthy pregnancy.

Risks and limitations

Prenatal cfDNA screening may reveal sensitive information about the health of the pregnancy, or, rarely, the patient’s own health. Prenatal cfDNA screening will detect most pregnancies in which the fetus has one of the chromosome conditions listed above, but it does not detect or look for all known genetic diseases, syndromes, or birth defects. As with all medical screening tests, there is a chance of a false positive or false negative result.

Alternatives

There are various options available that provide insight into the chromosomal health of the pregnancy. These include screening as well as invasive diagnostic options, such as chorionic villus sampling (CVS) or amniocentesis. Diagnostic testing can provide definitive information about the chromosomal health of the pregnancy. Options for testing for chromosome abnormalities should be discussed between each patient and their healthcare provider. As all testing for chromosome differences is completely voluntary, a patient has the right to decline all such tests during pregnancy.

Carrier Screening (CS)

Purpose

Carrier Screening is a non-invasive blood or saliva screen that can be performed prior to or during pregnancy. The screening can help determine the chance of passing specific serious genetic conditions, such as cystic fibrosis or spinal muscular atrophy, to a fetus.

Benefits

CS results may help the patient and healthcare provider make more informed medical management decisions.

What you might learn

CS results indicate whether a reproductive patient or reproductive couple has an increased or decreased chance to pass on specific genetic conditions. All screen “positive” results should be discussed with a healthcare provider and appropriate follow-up testing should be considered. “Negative” screen results significantly reduce, but cannot eliminate, the chance to pass on specific conditions and do not guarantee a healthy pregnancy/child. Patients with an increased risk may consider pursuing additional support to help plan and prepare, speaking with a specialist or a genetic counselor, performing diagnostic testing such as CVS or amniocentesis, or exploring other family building options. These options should be discussed between each patient and their healthcare provider.

Risks and limitations

CS may reveal a patient’s carrier status or reduce their chance to be a carrier of specific conditions. It does not screen for all known genetic conditions. As with all medical screening tests, there is a chance of a false positive or false negative result. As all testing for genetic conditions is completely voluntary, a patient has the right to decline all such tests at any time.

For online ordering, please visit:
provider.myriad.com