Preconception/Prenatal requisition form

myriad | WOMEN'S HEALTH

INSTRUCTIONS

1. Collect the patient's sample by following the instructions in the Myriad kit(s).
2. Place this form in the box along with the sample(s).

Foresight® Carrier Screen: Use (One) Lavender top tube or OG-510. For simultaneous testing, submit a separate form for each patient.
Prequel™ Prenatal Screen: Use (One) 10mL STRECK. Send sample immediately or recollection may be required.

QUESTIONS?
prenatalsupport@myriad.com
(888)-268-6795
180 Kimball Way, S. San Francisco, CA

PATIENT INFORMATION

Myriad will use this information to contact the patient via automatic 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 mobile number

First name MI

Last name

Address

City State ZIP

Sex: ☐ Female ☐ Male

Date of birth

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 Caucasian
☐ 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

CLINIC INFORMATION

Fax:

Ordering healthcare provider *Select one.*

☐
☐
☐
☐
☐

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**") 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. I authorize the disease panel and the associated patient results and report to be amended in accordance with payer medical policy.*

Signature of healthcare provider Date

This date will be deemed the date of service if an alternative collection date is not provided.

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.

Name

Relationship to patient

BILLING INFORMATION • *Select one option*

Tests ordered will be processed and billed based on payer criteria.

☐ **Option A: Bill to insurance** *Attach a copy of front and back of patient's insurance card.*

Policy owner's name

Relationship to insured:
☐ Self ☐ Spouse ☐ Child ☐ Other

Sex: ☐ Female ☐ Male

Date of birth

Authorization number (if obtained, please attach)

Insurance company name

Member ID number

Group number

☐ **Option B: Bill to patient**

Name of card holder

Card number

Expiration date CCV Billing ZIP

☐ **Option C: Bill to clinic**

REQUIRED PREGNANCY INFORMATION • *Incomplete information in this section may delay sample processing*

Pregnant? ☐ Yes (Z34.90) ☐ No

Due date:[1]

Is patient egg/sperm donor? ☐ Yes ☐ No

First pregnancy? ☐ Yes ☐ No

Pregnancy type:[2]
☐ Singleton (or unknown) ☐ Twins

[1] *For Prequel orders:*
– *Blood must be drawn after 10 weeks.*
– *If fetal demise has occurred, please contact Myriad to discuss the case.*
– *If pregnancy type not provided, sample will be analyzed as singleton.*

[2] *Screening cannot be performed if there are higher order multiples.*

MYRIAD FORESIGHT® CARRIER SCREEN

Place patient's Foresight Carrier Screen barcode or write here:

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

Sample collection date (required)

Disease panel *Required. Select one.*

☐
☐
☐
☐
☐
☐

☐ *Include fragile X (female only)*

Describe relevant family history or prior testing *Required.*

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

1. Name:
2. DOB:
3. Place partner's Foresight Carrier Screen barcode or write here:

Clinical indications *Required. Codes below are not exhaustive.*

☐ *Family history and/or partner positive screen: Z84.89*
☐ *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*
☐ *Other ICD-10 codes:*

[3] *By providing the 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.*

MYRIAD PREQUEL™ PRENATAL SCREEN • *Noninvasive prenatal screen*

Place patient's Prequel Prenatal Screen barcode or write here:

Use: *(One)* *10mL STRECK*

Sample collection date (required)

Testing options *Required. 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[4]
☐ Include microdeletions, *singleton only*
☐ Include expanded aneuploidy[5], *singleton only*

[4] *Twin sex chromosome analysis is limited to fetal sex prediction for each twin.*

[5] *Includes all 22 autosomes (available after 02/19/19).*

Clinical indications *Required. Codes below are not exhaustive.*

☐ *Advanced maternal age, 1st pregnancy: O09.519, O09.511, O09.512, O09.513*
☐ *Advanced maternal age, not 1st pregnancy: O09.529, O09.521, O09.522, O09.523*
☐ *Abnormal U/S, non-CNS*: O28.3, O35.1XX0*
☐ *Abnormal U/S, CNS*: O35.0XX0*
☐ *Abnormal maternal serum screen*: O28.9,O35.1XX0*
☐ *Chromosome abnormality suspected in fetus*: O35.1XX0*
☐ *Previous pregnancy/child affected with chromosome abnormality: O35.2XX0, O09.291, O09.292, O09.293*
☐ *Family history*: Z84.89*
☐ *Supervision, other high-risk pregnancy: O09.899, O09.891, O09.892, O09.893*
☐ *Other ICD-10 codes:*

**Provide details and attach report with sample.*

Additional information

ft in Maternal height

lbs Maternal weight

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

If yes, egg donor used? ☐ Yes ☐ No

If yes, age of donor at time of donation:

NT ultrasound date

mm NT mm Twin B cm CRL cm Twin B

V4.3

Noninvasive prenatal screening (NIPS) discussion guide

The Myriad Informed Consent policies for patients may be found on the Myriad Women's Health website: **https://myriadwomenshealth.com/consent-policies/#24**, which may be used to facilitate counseling and shared decision-making for screening tests.

PURPOSE

Noninvasive prenatal screening is a non-invasive (blood) test that can be taken early in pregnancy to learn about the chance for the fetus to have certain types of chromosome conditions including Down syndrome, trisomy 18, trisomy 13. These conditions can lead to health issues including birth defects and intellectual disabilities, and the severity can vary.

BENEFITS

NIPS results may help the patient and healthcare provider make more informed medical management decisions. Compared to other screening methods for chromosome conditions, non-invasive prenatal screening has fewer false positive and false negatives.

WHAT YOU MIGHT LEARN

NIPS results indicate whether there is an increased or decreased chance for certain chromosome conditions. All "positive" results should be discussed with a healthcare provider and follow-up testing (diagnostic testing) is recommended to determine if a chromosome condition is actually 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

NIPS may reveal sensitive information about the health of the pregnancy, or, rarely, the patient's own health. NIPS will detect the majority of 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 diagnostic options, such as CVS or amniocentesis. Diagnostic testing is capable of providing 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 any and all testing for chromosome differences is completely voluntary, a patient has the right to decline all such tests during pregnancy.