⁺ MyChoice[®] CDx and Germline Test Pequest Form

COMBO TRF

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	 Please submit both pages of th Make sure information is comp 	lete and legible	Note: Affix patient				
FOR LAB USE	Blood/saliva specimer collection date (require	n ed)	identifier label to specimen				
	(mm/dd/yyyy)		tube				
At the time of specimen collection:	al outpatient 🗌 Non-hospital patie	ent 🗌 Hospital	inpatient (>24 hour s	stay) Discharge date	:		(mm/dd/yyyy)
. Patient information (Complete info	metics up a vise d)						
ame (last)	Name (first)	(m.i.)	Gender	Birthdate (mm/dd/yyyy)		Patie	ent ID #
mail		Cell phone	Male Female	Daytime	e phone		
ddress			City			`toto	Zin
uuress			City		2	State	Zip
2. Ordering provider information	(Only name and HCP Account # requ	uired unless you're	e a new customer or H	HCP # is unknown)			
lame (last)	Name (first)		Myriad HCP account #	Degree	NPI #		
ddress			City		S	itate	Zip
ffice Contact Name	Phone	Fax		Email			
B. Send results to (Optional - additional c		ermline and somat				ts)	
ame (last)	Name (first)		Myriad HCP account #	Degree	NPI #		
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MyChoice® CDx and Germline Test Request Form

page **2** of 3

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7. Patient information (Make sure information is the same as entered on page 1)

Name (last)		(first)		(m.i.)	Birthdate (mm/dd/y	()))	
8. Ancestry			I				
Select all that apply:	Ashkenazi Jewish	Black / African	Hispanic / La		Middle Eastern	Pacific Islander	White / Non-Hispanic

9. Patient personal history of cancer & other clinical information (Select all that apply)

Patient has been	diagnosed with:	Age at diagnosis	Patient is currently being treated	Pathology / other info			
	n cancer (Select applicable diagnosis/es): ovary			Date of ovarian biopsy or surgery: (mm/dd/yyyy)			
Peritoneum				For Medicare patients only:	At the time of biopsy or surgery: Hospital outpatient Non-hospital patient Hospital inpatient (>24 hour stay) Discharge date: (mm/dd/yyyy)		
Breast cance (Primary diag				DCIS Metastatic High risk cli			
Breast cance (Second prim	r 🛛 Left ary diagnosis) 🗌 Right			DCIS Metastatic High risk cli	□ Ductal invasive ER status: □ + □ - If ER/PR+, previous endocrine therapy: □ Lobular invasive PR status: □ + □ - □ Yes No N/A or inappropriate npath* HER2 status: □ + □ - Previous chemotherapy: □ Yes No		
Endometrial	cancer - not sarcoma			Tumor MSI-High or IHC abnormal - result: Tumor not available for MSI or IHC testing			
Colon cancer				Type: Mucinous Signet ring Medullary growth pattern Tumor infiltrating lymphocytes Crohn's-like lymphocytic reaction Patient's tumor is MSI-high or IHC abnormal - Result:			
Colon adenoi				Cumulative adenomatous polyp #: 1 2-5 6-9 10-19 20-99 100+			
Hematologic	cancer						
Pancreatic ca	Pancreatic cancer						
Other cancer			Туре:				
□ Other cancer		Туре:					
Check if	Bone marrow transplant recipier	nt Type:	Autologous	Allogeneic (If a	allogeneic please call 800-469-7423 x3850)		
applicable to patient:	Blood transfusion recipient withi	-		n	Type: Whole blood Packed red blood cells Date: (mm/dd/yyyy)		

10. Family history of cancer

Provide complete and specific information to ensure proper insurance reimbursement, determine cancer risk estimates, and optimize medical management recommendations.

			determine cancer risk estimates, and optimize medical management	ccommentations.		
□ No known family history of cancer			Limited family structure Limited family history available such as fewer than two female 1st or 2nd degree maternal or paternal relatives having lived beyond age 45			
			Cancer site or polyp type (if colon/rectal adenomas, include total number)	Age at each diagnosis		

11. Specimen information

# of block(s):	# of slide(s):	Tissue type submitted (e.g., ovary):	
Clinical stage: 🔲		Date specimen retrieved from archive: (mm/dd/yyyy)	
Clinical status:	Recurrent 🔲 Metastatic 🗌 Relapsed 🗌 Refractory 🗌 Other	Specimen Identification Number	
Sample fixative:	Fixed tissue	as it appears on the tissue block(s) or	
(check one):	Other (describe):	slides submitted to Myriad Genetics:	

12. Specimen retrieval

+

Pathology report <u>must</u> be submitted with this test request form.

I want Myriad Genetic Laboratories, Inc. to request the specimen. (Complete the information below.)							
Location of specimen	Phone	Fax					
Contact name							

*High-risk' is defined as either 1) TNBC treated with either (a) adjuvant chemotherapy with axillary node-positive disease or an invasive primary tumor ≥2 cm on pathology analysis, or (b) neoadjuvant chemotherapy with residual invasive breast cancer in the breast or resected lymph nodes, or 2) hormone receptor positive disease treated with either (a) adjuvant chemotherapy with 24 positive pathologically confirmed lymph nodes, or (b) neoadjuvant chemotherapy which did not have a complete pathologic response, with a CPS+EG score of 3 or higher.

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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.

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.

Affordability: Myriad Promise™

- The majority of appropriate patients pay \$0
- Myriad Genetics will work with your insurance provider to help you get the appropriate coverage
- Myriad is committed to provide patients with access to accurate and affordable genetic results.
- For more information please refer to the billing information at www.MyriadPromise.com
- †Translation of billing terms are available in Mandarin and Spanish at <u>MyriadPromise.com</u>. 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.

Test descriptions (For a full list of tests offered, visit <u>www.myriadmyrisk.com</u>.)

Integrated BRACAnalysis®: Analysis of BRCA1, and BRCA2 for susceptibility to Hereditary Breast and Ovarian Cancer syndrome.

Multisite 3 BRACAnalysis[®]: Three-mutation BRCA1 and BRCA2 analysis for individuals of Ashkenazi Jewish ancestry: BRCA1 c.68_69del (p.Glu23Valfs*17) (aka BRCA1 185delAG, 187delAG); BRCA1 c.5266dupC (p.Gln1756Profs*74) (aka BRCA1 5382insC, 5385insC); BRCA2 c.5946del (p.Ser1982Argfs*22) (aka BRCA2 6174delT).

COLARIS^{®PLUS}: Analysis of MLH1, MSH2, MSH6, PMS2, MUTYH, and EPCAM for susceptibility to Lynch syndrome (HNPCC) and MYH-Associated Polyposis (MAP).

COLARIS AP®PLUS: Analysis of APC for susceptibility to FAP/AFAP.

Single Site Testing: Analysis of single, familial mutation.

Myriad MyRisk[®] Hereditary Cancer Update Test: Analysis of additional germline genes for patients who have been tested with BRACA*nalysis* CDx[®] receiving a *BRCA1/2* status. Per payor medical policy, MyRisk Update may be performed as a reflex test.

Certain payers do not cover genetic testing when Single Nucleotide Polymorphisms (SNPs) are a component of the test. For payers who do not reimburse for a hereditary cancer test due to SNP analysis inclusion, Myriad will report the MyRisk Hereditary Cancer Test without SNPs and these patients will not receive a SNP based RiskScore[®]. Please visit www.myriadmyrisk.com/payeroptout to determine if your patient's payer does not reimburse for hereditary cancer genetic testing with SNP analysis.

To view the full list of genes available on the MyRisk[™] panel, please visit: <u>www.myriadmyrisk.com/gene-table/</u>

The genes associated with MyRisk[™] Hereditary Cancer Panel are subject to change. To ensure you have a current version of the TRF please visit www.myriadmyrisk.com/documents-and-forms.

The MyRisk Management Tool and RiskScore may not be reported without an accurate and specific personal and family history included on the patient cancer family history in sections 9-10.

For the latest RiskScore® eligibility criteria, please visit Myriad's official technical specification webpage at: http://www.myriad.com/technical-specifications.

RiskScore® and Tyrer-Cuzick model will not be calculated if provider indicates that they are not appropriate for the patient by selecting the check box in **section 4**. Not all data collected on the TRF is incorporated into Tyrer-Cuzick or RiskScore® calculations. Some fields may be used for anonymized, internal validation studies only.

Authorization of referral to genetic counseling

In signing section 5 of the test request form, you hereby authorize Myriad to assist your patient in obtaining genetic counseling from a third-party service. The specific process will vary by third-party counseling service but in most situations the genetic counselor will be added as the healthcare provider receiving a copy of the patient's results, and also be allowed to change the test order should there be a clinical or payer-related reason to do so. You authorize the genetic counselor to facilitate the completion of any test requisition forms and/or submit any prior authorization, if necessary, on your behalf and identifying you as the ordering provider in any such forms by including your name and NPI. Turnaround time:

- The majority of $\mathsf{MyRisk}^{^{\!\!\!\mathrm{M}}}$ results are completed within 14 days
- $\ensuremath{\,\bullet\,}$ We will notify you in the unusual event results take longer than 21 days

MyRisk[™] Report includes:

- MyRisk[™] Genetic Result
- RiskScore[®] Result
- Personalized breast cancer risk assessment based on an analysis of biomarkers combined with patient clinical and family history data
- MyRisk[™] Management tool
- Guideline based (NCCN, CAPS, Amsterdam, and others) cancer management for both positive and negative results
- Includes a Tyrer-Cuzick breast cancer risk estimate

Completing the test request form:

- Please include:
- Age, cancer diagnosis, ancestry, gender, and cancer family history

For additional information visit

www.mysupport360.com and www.myriadmyrisk.com

Special instructions (if applicable): *Please note: some options may not be possible if an alternate is required by the patient's insurance or if the patient requests otherwise.

Expedite genetic counseling for immediate management decision

Maintain my test as ordered

□ Allow me to review results with my patient prior to their follow-up counseling session □ Other: