MyChoice® CDx

Myriad HRD Companion Diagnostic Test

Myriad genetics

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Test Request Form

To avoid delays please complete entire form

1. Patient information (Complete information required)

Name (last)	Name (first)	(m.i.)	Gender	Birthdate (mm/dd/yyyy)	Patient ID #
			☐ Male ☐ Female		

Email (this enables us to contact the patient if there is an issue with their order or sample) ☐ I don't have the patient's email	Cell phone	Daytime phone

Address	City	State	Zip

2. Ordering provider information (Only name and HCP Account # required unless you're a new customer or HCP # is unknown)

Name (last)	Name (first)	Myriad HCP account #	Degree	NPI #

Address	City	State	Zip

Office contact name	Phone	Fax	Email

3. Clinical information

Ovarian cancer (Select primary diagnosis):
☐ **Left ovary** ☐ **Right ovary**
☐ **Left fallopian tube** ☐ **Right fallopian tube**
☐ **Peritoneum** (cul-de-sac, mesentery, mesocolon, omentum, parietal, pelvic)

Age at diagnosis:

Date of biopsy or surgery:
(mm/dd/yyyy)

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)

(Check if applicable to patient) ☐ **Bone marrow transplant recipient** **Type:** ☐ Autologous ☐ Allogeneic (If allogeneic please call 800-469-7423 x3850)

4. Test requested

☑ **Myriad MyChoice® CDx** - Next generation sequencing-based *in vitro* diagnostic test that assesses the qualitative detection and classification of single nucleotide variants, insertions and deletions, and large rearrangement variants in protein coding regions and intron/exon boundaries of the *BRCA1* and *BRCA2* genes and the determination of Genomic Instability Score (GIS) which is an algorithmic measurement of Loss of Heterozygosity (LOH), Telomeric Allelic Imbalance (TAI), and Large-scale State Transitions (LST) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The results of the test are used as an aid in identifying ovarian cancer patients with positive homologous recombination deficiency (HRD) status, who are eligible, because of a positive test result for deleterious or suspected deleterious mutations in *BRCA1* or *BRCA2* genes, or may become eligible, because of a positive test result for deleterious or suspected deleterious mutations in *BRCA1* or *BRCA2* genes or a positive Genomic Instability Score, for treatment with the approved targeted therapy for Zejula® (niraparib) or Lynparza® (olaparib). In addition, detection of deleterious or suspected deleterious *BRCA1* and *BRCA2* mutations and/or positive Genomic Instability Score in ovarian cancer patients is also associated with enhanced progression-free survival (PFS) from Zejula® (niraparib) maintenance therapy.
*When GIS is unable to be analyzed, tumor mutation *BRCA1/2* status alone may be reported.

5. Specimen information

# of block(s): **# of slide(s):**

Clinical stage: ☐ I ☐ II ☐ III ☐ IV

Clinical status: ☐ Recurrent ☐ Metastatic ☐ Relapsed ☐ Refractory ☐ Other

Sample fixative: (check one): ☐ Fixed tissue ☐ Other (describe):

Tissue type submitted (e.g., ovary):

Date specimen retrieved from archive: (mm/dd/yyyy)

Specimen Identification Number as it appears on the tissue block(s) or slides submitted to Myriad Genetics:

6. Specimen retrieval

☐ **I want Myriad Genetic Laboratories, Inc. to request the specimen.** (Complete the information below.)

Location of specimen	Phone	Fax	Contact name

7. Authorized signature

I hereby authorize testing and confirm that informed consent has been obtained, if required by state law. I hereby attest that the person listed in the ordering physician space above is authorized by law in the relevant jurisdiction to order the test(s) requested herein.

Healthcare provider's signature Date

8. Billing/payment information

☐ **Option 1: Please bill insurance** (For Medicare patients: only available if test order date is more than two weeks after discharge date.)
Include enlarged copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.

☐ **Option 2: Uninsured** (please call Customer Service for questions regarding test prices or for credit card payment.)

☐ **Option 3: Other billing** (To establish an account, submit billing information with this form.)

☐ Bill our institutional account #: or established research project code #: or authorization/voucher #:

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.

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 will work with your insurance provider to help you get the appropriate coverage
- The Myriad Promise is our commitment to provide patients with accurate and affordable genetic results
- For more information please refer to the billing information at MyriadPromise.com

*Translation of billing terms are available in Mandarin and Spanish at MyriadPromise.com. 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.