myriad

MYRIAD GENETIC LABORATORIES, INC.
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MYRIAD myChoice® CDx

Test Request Form

TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, INITIAL)

PATIENT ID # (OPTIONAL) ☐ Female ☐ Male BIRTH DATE (MM/DD/YYYY)

STREET ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER E-MAIL ADDRESS

ORDERING PHYSICIAN (Only fill out first line unless new customer or HCP# is unknown)

NAME (LAST, FIRST, DEGREE) MYRIAD HCP ACCOUNT #

NPI # E-MAIL ADDRESS

ADDRESS

CITY STATE ZIP

OFFICE CONTACT PHONE FAX

EMAIL

CLINICAL INFORMATION

☐ Ovarian Cancer (Ovary, Fallopian Tube, Peritoneum) Age at Dx: _____

Date of Biopsy or Surgery: _____ (MM/DD/YYYY)

FOR MEDICARE PATIENTS ONLY:

AT THE TIME OF BIOPSY OR SURGERY:

☐ Hospital Inpatient (>24 hour stay) Discharge Date: _____ (MM/DD/YYYY)

☐ Hospital Outpatient ☐ Non-Hospital Patient

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 Lynparza® (olaparib) or Zejula® (niraparib). 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.

SPECIMEN INFORMATION

Sample Fixative: (check one): ☐ Fixed tissue ☐ Other (describe): _____

Tissue Type Submitted (e.g., Ovary): _____

# of Block(s): _____ # of Slide(s): _____

Date Specimen Retrieved from Archive: _____

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

_____ _____

_____ _____

_____ _____

_____ _____

SPECIMEN RETRIEVAL

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

_____

LOCATION OF SPECIMEN PHONE FAX CONTACT NAME

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

BILLING/PAYMENT INFORMATION

☐ **OPTION 1**: PLEASE BILL INSURANCE (For Medicare patients: only available if test order date is more than 2 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**: PATIENT PAYMENT (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 #: _____