Hereditary Cancer Test	page <b>1</b> of 2						
Test Request Form	Please submit both pag	ges of this form	Note: Affix				
	Make sure information i	is complete and legib	le patient   identifier				
FOR LAB USE	Specimen collection	date (required)	label to   specimen				
	//		tube				
	(mm/dd/yyyy)	7)	\				
At the time of specimen collection: Non-hospita	al patient Hospital outpatien	nt Hospital inpatien	t (>24 hour stay) Discharg	ge date: (mm/dd/yyyy)			
Patient information (Complete informat							
egal name (last)	Legal name (first)	(m	n.i.) Sex at birth	Birthdate (mm/dd/yyyy)			Patient ID #
mail		Cell phone		Daytin	ie phone		
ddress			City			State	Zip
			o.i.y			State	2.10
2. Ordering provider information (Only	y name and HCP account # red	quired unless you're a	new customer or HCP	# is unknown)			
ame (last)	Name (first)		Myriad HCP account #	Degree	NPI #		
ddress			City			State	Zip
ffice contact name	Phone	Fax		Email			
				Zinan			
S. Send results to (Optional - additional clinic	cian can be listed to receive te	est status updates and	the patient's copy of	the test results)			
ame (last)	Name (first)		Myriad HCP account #	Degree	NPI #		
ddress			City			State	Zip
ffice contact name	Phone	Fax		Email			
. Test requested (For test descriptions see	reverse)			ed will be processed and lired by payer medical pol			
Germline test options:				BRCA2 may be analyzed			
	cer syndrome criteria:	For	patients meeting famili	al polyposis syndrome o	riteria:		
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# Testing for Myriad MyRisk® Hereditary Cancer

## 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.

#### Affordability

For information about test affordability, please visit <a href="https://myriad.com/financial-assistance/">https://myriad.com/financial-assistance/</a>.

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.

### 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.

Sex assigned at birth is a label given to an individual at birth, typically "male" or "female".

A legal name identifies a person for legal and administrative purposes. It is recorded on a birth certificate, marriage certificate, or other government issued document that records a name change.

# Test descriptions (For a full list of tests offered, visit <a href="www.myriad.com/genetic-tests/">www.myriad.com/genetic-tests/</a>)

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 for detection of a familial mutation. Report will indicate the presence or absence of mutation, along with any incidental reportable variants identified on the gene.

Myriad MyRisk® Update Test: Analysis of additional hereditary cancer genes for patients who have been tested with BRACAnalysis®, COLARIS®, and/or COLARIS AP®. Full BRCA1/2 duplication and deletion analysis and/or PMS2 testing will be included in the test order unless previously performed or restricted by payor criteria. When required by medical policy, MyRisk Update may be performed as a reflex with genes from the original testing excluded.

# To view the full list of genes available on the MyRisk® panel, please visit: www.myriad.com/gene-table

The genes associated with MyRisk® Hereditary Cancer Panel are subject to change. To ensure you have a current version of the TRF please visit <a href="https://www.myriad.com/myrisk/documents-and-forms">www.myriad.com/myrisk/documents-and-forms</a>.

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 7 - 11.

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

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.

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®.

### Turnaround time:

- The majority of MyRisk® results are completed within 14 days
- 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, sex at birth, and cancer family history

## 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.

Special	instructions	(if applicable):	*Please note	: some optior	is may not be	possible if an
alternate i	s required by the	patient's insurance	or if the patie	nt requests of	herwise.	

- $\hfill\square$  Expedite genetic counseling for immediate management decision
- ☐ Maintain my test as ordered
- $\hfill\square$  Allow me to review results with my patient prior to their follow-up counseling session
- ☐ Other: \_



7. Patient informa	ation (Make	sure informa			page 1)	(:) Dinth data (	(-   ()					
Legal name (last)  Legal name (first)  (mi)  Birthdate (mm/dd/yyyy)												
8. Ancestry												
Select all that apply:	Ashkenazi		□ Bi sian	lack / African	Hispanic / Latino	Middle Eastern	■ Native Americar	Pacific Isl	ander White / Non	-Hispanic		
9. Patient persona	al history	of cancer	& other	r clinical infor	mation (Select a	all that apply)						
☐ Patient has never be	en diagnosed	with cancer										
Patient has been diagnose		Age at diagnosis	Patient is currently being treated	Pathology /other info								
☐ Breast cancer (Primary diagnosis)		Left Right	DCIS Ductal invasive ER status: \( \begin{array}{c ccccccccccccccccccccccccccccccccccc									
Breast cancer (Second primary diag		Left Right	DCIS Ductal invasive RR status: + - HER2 status: + - HER2 status: + - HER2 status: - + - HER2 status: - + - HER2 status: - + - Previous chemotherapy: - HER2 status: - + - Previous chemotherapy: - HER2 status: - + - Previous chemotherapy: - Yes No							or inappropriate		
☐ Endometrial cancer -		Tumor MSI-high or IHC abnormal - result:  Tumor not available for MSI or IHC testing										
Ovarian cancer (Select a  Left ovary  Left fallopian tube  Peritoneum (cul-de-somentum, parietal, or	ry opian tube			□ Non-epithelial								
Prostate cancer						Metastatic (include	astatic (includes distant metastasis and regional bed/nodes) N high /verv high risk					
□ Colon cancer □ Rectal 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: ☐ Tumor not available for MSI or IHC testing							
Dodge adams and							1					
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applicable to patient:  Blood transfusion recipient within 28 days of sample collection  Blood transfusion recipient within 12 months of sample collection  Date:    Mindestell please can 800-409-7423 x38300												
			2 111011010	r dample delicedon	54	Provide co	mplete and specific	information to	ensure proper insurance			
10. Family history	or cancel							es, and optimiz	e medical management	recommendations.		
□ No known family hist		2nd degre		nily history available such as fewer than two female <sup>†</sup> rnal relatives having lived beyond age 45  polyp type Age at each Unavailable			If relative has <u>not</u> been tested, why?  Relative is Patient has no Relative declines					
Relationship to patient	Maternal (mother's side)	(father's side)		rectal adenomas, inclu		diagnosis	for testing	deceased	contact with relative			
11. Breast cancer risk model information (Required for female patients only)												
Patient information:	· •	Information about patient's female Other information:										
Height ft: in: Weight (lbs):				relatives:	Mammograp	Mammographic Density:						
Patient's age at time of first menstrual period:					Has the patient had her breast density assessed? ☐ No				□ No □ Yes			
Is patient Pre-menopausal Peri-menopausal currently: Post-menopausal Age of post-menopausal onset:				Number of daughters:  If yes, complete one of the following for the most recent assessment:  Volpara® Volumetric Density:								
Has this patient had No								%				
BI-RADS® ATLAS Density (Select one of the following):							llowing):					
If yes, treatment type:					Number of mater aunts (mother's si			nost entirely fa				
_			-	=				_	andular d. Extremely	dense		
If yes, is patient a: Current user: Started												
Please indicate if the patient has had a breast biopsy showing one or more of the following results:  N/A (No biopsy or none of the listed results) Hyperplasia (not atypia) Atypical hyperplasia LCIS Biopsy with unknown or pending results							* P * * *					
*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												

"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 pathologically confirmed lymph nodes, or (b) necadjuvant chemotherapy with axillary node-positive disease or an invasive primary tumor ≥2 cm on pathologically confirmed lymph nodes, or (b) necadjuvant chemotherapy with a did not have a complete pathologic response, with a CPS-EG score of 3 or higher.

Temale refers to the sex assigned at birth with regard to relatives and breast cancer risk model information.

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