

## Biopsy Test Request Form (TRF)

Patient information				Ordering provider: <small>Only name and Myriad account # are required. If you're a new customer or Myriad account # is unknown, complete fields below or call (855) 469-7765.</small>			
Patient legal last name	Patient legal first name	Patient MI	Last name	First name	Degree	NPI #	
Patient ID # (optional)	Sex at birth <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)	Myriad account #:				
Street address			Street address				
City	State	Zip	City	State	Zip		
Daytime phone number	Alternate phone number		Office contact	Phone		Fax	
Email			Email				

Myriad Genetics will use this information to contact the patient via 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. Myriad may obtain a consumer credit report to confirm whether income qualifies for financial assistance. This is not a credit application and will not impact credit scores.

Clinical information											
<input type="checkbox"/> Patient has received cancer-reducing therapy prior to biopsy. (If checked, this test will be canceled. Prolaris scores could be affected, potentially resulting in incorrect test interpretation.)											
Pre-biopsy total PSA: _____ ng/mL	<b>Highest Gleason score on current biopsy:</b> <table border="1"> <thead> <tr> <th>Primary grade</th> <th>+</th> <th>Secondary grade</th> <th>=</th> <th>Gleason score</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>+</td> <td>_____</td> <td>=</td> <td>_____</td> </tr> </tbody> </table>	Primary grade	+	Secondary grade	=	Gleason score	_____	+	_____	=	_____
Primary grade		+	Secondary grade	=	Gleason score						
_____		+	_____	=	_____						
Clinical stage (Based on DRE): <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T3a											
Biopsy cores: Total number of sites biopsied: _____ Total number of sites with positive core(s) _____											
Date of biopsy: _____ (mm/dd/yyyy)											
Prostate volume: _____ cc OR prostate length: _____ cm, width: _____ cm, height: _____ cm											

For Medicare patients only:

At the time of biopsy:  Hospital inpatient (>24 hour stay) Discharge date (mm/dd/yyyy): \_\_\_\_\_  Hospital outpatient  Non-hospital patient

Ancestry
Select all that apply: <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (non-Hispanic)

Test offering
<input type="checkbox"/> Prolaris Biopsy Test

Specimen retrieval								
<input type="checkbox"/> I want Myriad Genetic Laboratories, Inc. to request the specimen. (COMPLETE the information below.)								
<table border="1"> <thead> <tr> <th>Location of specimen</th> <th>Phone</th> <th>Fax</th> <th>Contact name</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Location of specimen	Phone	Fax	Contact name	_____	_____	_____	_____
Location of specimen	Phone	Fax	Contact name					
_____	_____	_____	_____					
<input type="checkbox"/> I have a specimen to send Myriad Genetic Laboratories. (Follow mailing instructions in the test kit.)								

Authorized signature				
I hereby attest that I am licensed to order and authorize the selected test for the referenced patient, have obtained their informed consent, and have informed the patient that Myriad Genetics, Inc. (Myriad) will contact them if they are financially responsible for any non-covered service. I confirm the test(s) is medically necessary, and the results will be used in the patient's medical management and treatment decisions. I confirm that the patient has localized prostate cancer and an estimated life expectancy of ≥ 10 years. I confirm that I have on file and can provide the patient's assignment of benefits authorizing benefits to be paid to Myriad and that Myriad may pursue all necessary appeals of any denials of payment. I agree to provide additional information or documentation to support medical necessity upon request, and authorize the disease panel, patient results, and report to be amended in accordance with payer medical policy.				
<table border="1"> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Healthcare provider's signature</td> <td>Date (mm/dd/yyyy)</td> </tr> </tbody> </table>	_____	_____	Healthcare provider's signature	Date (mm/dd/yyyy)
_____	_____			
Healthcare provider's signature	Date (mm/dd/yyyy)			

Billing/payment information
<input type="checkbox"/> <b>Option 1: Bill insurance</b> (For Medicare patients: this option is only available if the test order date is more than 2 weeks after the hospital discharge date.)
<input type="checkbox"/> Include enlarged copies of both sides of any insurance card(s). If two cards are submitted, indicate which is primary.
<input type="checkbox"/> <b>Option 2: Patient payment</b> (Please call Customer Service for questions regarding test prices.)
<input type="checkbox"/> <b>Option 3: Other billing</b> (To establish an account, submit billing information with this form.)
<input type="checkbox"/> Bill our institutional account #: _____ or established research project code #: _____ or authorization/voucher #: _____



# Prolaris® Biopsy Test Request Form

## Test description

Analysis of cell cycle genes and clinical factors for refining risk assessment and the identification of potential treatment paths in localized prostate cancer from a biopsy sample.

## Definitions

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.

## Links

For the latest Prolaris Biopsy Technical Specifications, please visit: <http://www.myriad.com/technical-specifications>.

For more information about Prolaris Biopsy Test, please visit: <http://www.myriad.com/prolaristest/>.