



MYRIAD®

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Prolaris®

Post-Prostatectomy Test Request Form

PATIENT INFORMATION and ORDERING PHYSICIAN sections with fields for name, SSN, birth date, address, phone, and email.

CLINICAL INFORMATION section with checkboxes for prostate cancer details, Gleason score, margins, and PSA levels.

TEST OFFERING section with a single field for Prolaris Post-Prostatectomy Test.

SPECIMEN RETRIEVAL section with a checkbox and fields for specimen location, phone, fax, and contact name.

AUTHORIZED SIGNATURE section with a consent statement and signature/DATE lines.

BILLING/PAYMENT INFORMATION section with three options for insurance, patient payment, or other billing.