Hereditary Cancer Test Request Form

Myriad Genetic Laboratories, Inc.
320 Wakara Way
Salt Lake City, Utah 84108
United States of America

AFFIX ONE BAR CODE LABEL HERE

- ✓ Please complete both pages of this form
- ✓ Please complete all sections clearly in BLOCK LETTERS

SPECIMEN COLLECTION DATE (REQUIRED) DD-MMM-YYYY: 30 FEB 1900

SPECIMEN COLLECTED BY (REQUIRED):

1. Patient Information (Complete information required)

Date of Birth (DD-MMM-YYYY): 30 FEB 1900	
Gender: ☐Male ☐Female	Patient ID:
Last Name:	
First Name:	

2. Ordering Physician Information

Last Name:	Degree: Prof.
First Name:	Clinical ID:
Institution:	
Street, nr:	
City, Postal Code:	Day phone:
Country:	Fax:
E-mail: _____	

INTERNAL USE ONLY: Results To Myriad GmbH, # 116309

3. Billing Information (Provide one of the following)

Payor ID:
Research #:
Voucher #:

4. Send Results To (Optional – additional clinician can be listed to receive status updates and the patient's copy of the results)

Last Name:	First Name:	Institution:
Street, nr:	City, Postal Code:	Country:
E-mail: _____		

5. Ancestry (Select all that apply - riskScore™ is currently only validated and provided for patients of solely European and/or Ashkenazi Jewish ancestry)

☐Western / Northern Europe	☐Central / Eastern Europe	☐Southern Europe	☐Africa	☐South Asia
☐Ashkenazi Jewish	☐Latin America / Caribbean	☐Asia	☐Near East / Middle East	☐Other:

6. Patient Personal History Of Cancer & Other Clinical Information (Select all that apply)

☐No personal history of cancer

Patient has been diagnosed with:	Age at Diagnosis	Patient is Currently Being Treated	Pathology / Other Info
☐Breast Cancer ☐Left ☐Right		☐	☐Ductal Invasive ☐Lobular Invasive ☐DCIS ☐Metastatic ☐Bilateral ☐Premenopausal ☐Triple Negative (ER-, PR-, HER2-)
☐Endometrial / Uterine Cancer		☐	☐Tumor MSI-High or IHC Abnormal - Result _____ ☐Tumor not available for MSI-High or IHC Abnormal testing
☐Ovarian Cancer		☐	☐Non-epithelial
☐Prostate Cancer		☐	Gleason Score _____ ☐Metastatic
☐Colon / 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-High or IHC Abnormal testing
☐Colon / Rectal Adenomas		☐	☐Known Familial Adenomatous Polyposis (FAP) Cumulative Adenomatous Polyp #: ☐1 ☐2-5 ☐6-9 ☐10-19 ☐20-99 ☐100+
☐Hematologic Cancer		☐	
☐Other Cancer(s) (e.g. cancers of the stomach, pancreas, bile duct, kidney, ureter, brain, skin and others)		☐	Type: _____
Check if applicable to patient:	__% on one of the Lynch Syndrome Risk Models (PREMM$_5$, MMRpro, or MMRpredict)		
	☐ Bone Marrow Transplant Recipient Type: ☐ Autologous ☐ Allogeneic (if allogeneic please contact **helpmed@myriadgenetics.eu**)		
	☐ Blood Transfusion Recipient Type: ☐ Whole blood ☐ Packed red blood cells Date: (DD-MMM-YYYY) 30 FEB 1900		

7. Family History of Cancer

Provide complete and specific information to determine cancer risk estimates and optimize medical management recommendations.

☐No Known Family History of Cancer

Relationship to Patient	Maternal (mother's side)	Paternal (father's side)	Cancer Site or Polyp Type (add # for colon/rectal adenomas)	Age at Each Diagnosis
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

The myRisk Management Tool and riskScore™ may not be reported without an accurate and specific personal and family history included.

TURN THE PAGE FOR ADDITIONAL PATIENT INFORMATION, TEST SELECTION AND AUTHORIZED SIGNATURE.

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8. Breast Cancer Risk Model Information

Only complete for female patients NEVER affected with breast cancer

Height (cm):_____ **Weight** (kg):_____

Age at time of first menstrual period: _____

Is patient: ☐Pre-Menopausal ☐Peri-Menopausal ☐Post-menopausal: Age of onset _____

Has this patient had a live birth? ☐**No** ☐**Yes: patient's age at first child birth:** _____

Has patient ever used Hormone Replacement Therapy? ☐No ☐Yes
If Yes, Treatment Type: ☐Combined ☐Estrogen only ☐Progesterone only
If Yes, is patient a: ☐**Current User:** Started _____ years ago Intended use for_____ more years
☐**Past User:** Stopped _____ years ago

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 ☐Atypical Hyperplasia ☐LCIS ☐Biopsy with unknown or pending results

INFORMATION ABOUT PATIENT'S FEMALE RELATIVES:

Number of daughters: _____

Number of sisters: _____

Number of maternal aunts (mother's sisters): _____

Number of paternal aunts (father's sisters): _____

9. Test Requested

☐**Myriad myRisk® Hereditary Cancer***

INTERNAL USE ONLY: to be released as MIL_myRisk

☐**Myriad myRisk® Hereditary Cancer* Update Test** (available to patients previously tested negative with BRAC*Analysis*®, COLARIS®, and/or COLARIS *AP*®)

Accession number from previous Myriad report _____

INTERNAL USE ONLY: to be released as MIL_myRisk

☐**BRAC*Analysis*®** - HBOC criteria

☐**Multisite 3 BRAC*Analysis*®** - For patients of Ashkenazi Jewish ancestry
☐Reflex to BRAC*Analysis*® if the Multisite 3 is negative ☐Reflex to Myriad myRisk® Hereditary Cancer if Multisite 3 is negative

☐**Colaris®** - Lynch criteria

☐**Colaris *AP*®** (Familial Polyposis syndrome criteria)

☐ **Single Site Testing** (for family of known mutation carriers) **Specify Gene:** _____ and **Mutation:** _____
Relationship: My Patient is the:_____ (e.g., maternal aunt) of the known mutation carrier.
Required: Include a copy of the known mutation carrier's report.

☐**Other Test:**

*Myriad myRisk Hereditary Cancer genes: *APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CDK4, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53. The genes associated with Myriad myRisk Hereditary Cancer® Panel are subject to change. To ensure you have a current version of the TRF and the genes included with the Myriad myRisk panel please visit www.myriadpro.com/myrisk/why-myriad-myrisk/gene-selection.*

10. Authorized Signature

I hereby authorize testing and confirm that informed consent has been obtained from the patient for the specimen to be sent to Myriad for analysis. I confirm that this test is medically necessary and results will be used in the medical management and treatment decisions for the patient.

SIGN HERE: Medical Professional (required to process form)

_____
Ordering Physician/Healthcare Provider's Signature

Date: _____
(Signature date is the specimen collection date if a different date is not provided above)

Test Description

Myriad myRisk® Hereditary Cancer* – Analysis of 28* hereditary cancer genes for suceptibility to hereditary risk for 8 important cancers: breast, colorectal, ovarian, endometrial, gastric, pancreatic, melanoma and prostate. May also include riskScore™ breast cancer analysis. See below details for inclusion criteria.
Myriad myRisk® Hereditary Cancer* Update – Analysis of 28* hereditary cancer genes for patients who previously tested negative for BRAC*Analysis*®, COLARIS®, and/or COLARIS *AP*®.
BRAC*Analysis*® – Analysis of *BRCA1* and *BRCA2* for susceptibility to Hereditary Breast and Ovarian Cancer (HBOC) Syndrome
Multisite 3 BRAC*Analysis*® – 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® – Analysis of *MLH1, MSH2, MSH6, PMS2, MYH*, and *EPCAM* for susceptibility to Lynch Syndrome
Colaris *AP*® – Analysis of *APC* and *MYH* genes for susceptibility to Adenomatous Polyposis Syndromes
Single Site Testing – Analysis of single, familial mutation

riskScore™ is calculated for women under age 85, of solely European and/or Ashkenazi Jewish ancestry, without a personal history of breast cancer, LCIS, hyperplasia, atypical hyperplasia, or a breast biopsy with unknown results. riskScore™ is not calculated if a woman or blood relative is known to carry a mutation in a breast cancer risk gene.

Turnaround Time:
- The majority of Myriad myRisk results are completed within 14 days
- We will notify you in the unusual event results take longer than 21 days

Myriad 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

INTERNAL USE ONLY: Bill Instruction BIE _____.

If previous genetic testing of one of the requested genes has been performed on this patient or a family member, the ordering physician or health care provider should inform the laboratory within two (2) business days of sending the specimen.

For information or questions regarding Myriad's privacy policy and patient education, please visit our website: http://www.myriadgenetics.eu