

Homologous Recombination Deficiency (HRD) status analysis in tumor tissue



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Affix one bar code label here

Test Request Form

- To avoid delays please complete entire form
- Please print all information in BLOCK LETTERS

Patient

Date of birth (DD-MMM-YYYY):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Patient ID:						
Legal name (Last):							
Legal name (First):							

Ordering physician

Last name:	Degree:
First name:	Clinical ID:
Institution:	
Street, no:	
City, postal code:	Day phone:
Country:	Fax:
E-mail:	

Billing information

Payor ID: _____
or
research #: _____
or
voucher #: _____

Test requested

MyChoice Intl Plus - Myriad Genetics MyChoice® HRD Plus is used to detect Homologous Recombination Deficiency (HRD) by assessing the GIS Status and the Tumor Mutation *BRCA1/BRCA2* Status in genomic DNA extracted from tumor specimens. This test may aid in identifying patients with a positive HRD status, and should be used in accordance with the approved therapeutic product labeling. Sequencing and large rearrangement analyses are also performed on all analyzable regions of the following genes that have been analytically validated using multiple cancer types: *ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, PPP2R2A, RAD51B, RAD51C, RAD51D, and RAD54L*. Results from these genes are provided for informational purposes only. Follow-up germline testing may be appropriate for mutations in genes associated with hereditary cancer risk. Refer to the technical specifications for the details of the test.

Authorized signature (Physician / healthcare provider)

I hereby authorize testing and confirm that informed consent has been obtained from the patient for tissue 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. I hereby declare that the clinical information described on this Test Request Form is correct and belongs to the patient mentioned above. 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 requested herein.

Ordering physician / healthcare provider's signature

Date (DD-MMM-YYYY)

Clinical information Please provide the following information:

<input type="checkbox"/> Ovarian cancer (Ovary, fallopian tube, peritoneum)	Histopathology: <input type="checkbox"/> High grade serous <input type="checkbox"/> Other
<input type="checkbox"/> Breast cancer	Age at dx: _____ Date of biopsy/surgery (DD-MMM-YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Bone marrow transplant recipient (check if applicable to patient)	Type: <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic

Forward this Test Request Form to the laboratory where the tumor specimen is located.

Specimen information: to be completed by pathologist (Complete instructions are in the preparation and shipping Instructions sheet)

Samples should ideally contain **at least 30%** tumor cells in tissue or fluid samples by pathologic review. For a specimen collection set please contact testkit@myriadgenetics.eu
Insufficient tumor DNA content in the provided tumor sample may result in a failure of the GIS Status component of the test.

Tissue type submitted (e.g. Ovary): _____	ID* _____
Specimen provided is fixed tissue*	
*Only fixed tissues can be tested using Myriad MyChoice® HRD Plus. Formalin Fixed Paraffin Embedded (FFPE) section(s) are preferred when available, however other fixatives can also be tested.	* Specimen identification number as it appears on the tissue blocks or slides submitted to Myriad. Identifiers provided must match exactly to the sample submitted and the pathology report or testing will be delayed.

Please note: a copy of the pathology report must be submitted with specimen

Tissue return

I request the remaining tissue to be returned.*

Name: _____ Address: _____

E-mail / phone: _____ * If an address is not provided, any tissue remaining after testing will be discarded and not be returnable.

Internal use only: Bill Institution BIE _____

Information

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.

For information or questions regarding Myriad's privacy policy and technical specifications please visit our website: <http://www.myriadgenetics.eu>