

## **Specimen Transportation Set order form**



(please enter one product per form only)

## Myriad GmbH 81477 München Germany testkit@myriadgenetics.eu

## Ordering person Myriad Contact/Distributor; NAME, LAST NAME: \_

Customer address (if known)		Delivery address (if different from customer address)				
Name (Recipient)	Last name Title	Name (Recipient)	Last name Title			
Institution / company	Department	Institution / company	Department			
Street	Number / supplement	Street	Number / supplement			
City	Zip-code	City	Zip-code			
Phone-number (A phone number MUST be provided)	E-mail address (An email address MUST be provided)	Phone-number (A phone number MUST be provided)	E-mail address (An email address MUST be provided)			
Country	Payer-ID (A payer-ID MUST be provided)	Country	Payer-ID (A clinical-ID MUST be provided)			
Product		(#) Quantity () Type	V Language			
BRACAnalysis CDx (European I	Union and UK only)		reedback or			
MyRisk Plus (European Union and UK only)						
MyRisk (Universal Hereditary Cancer, for countries outside US, UK, Japan, European Union)						
Prolaris (for countries outside US and European Union)						
EndoPredict (for countries outsic	EndoPredict (for countries outside US and European Union)		lue myr			
MyChoice CDx Plus (for countries in European Union, UK and Israel)			ladge no			
MyChoice HRD Plus (for countries outside US, UK, Japan, European Union)			questions: lestkit@mynaogenetics.eu			
Other US product (i.e. myPa	ath Melanoma etc.)					
Special requirements:		Additional comments:				
For internal use only / do not fill						

Internal article-no.:	Lot-no./opt.	Expiration date/opt.	
Waybill			
	Name	Date	Signature
Order received			
Order received			
Order received			

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