Specimen Transportation Set order form

(please enter one product per form only)

Internal #: 0

Version 19 12_May_2023

Myriad GmbH 81477 München Germany testkit@myriadgenetics.eu

Ordering person Myriad Contact/Distributor; NAME, LAST NAME: _____

Customer address (if known)

Name (Recipient) | Last name | Title

Institution / company | Department

Street | Number / supplement

City | Zip-code

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)

Delivery address (if different from customer address)

Name (Recipient) | Last name | Title

Institution / company | Department

Street | Number / supplement

City | Zip-code

Phone-number (A phone number MUST be provided) | E-mail address (An email address MUST be provided)

Country | Payer-ID (A clinical-ID MUST be provided)

Product	Quantity	Type	Language
☐ BRACAnalysis CDx (European Union and UK only)		Blood	English international Version
☐ MyRisk Plus (European Union and UK only)		Saliva	English International Version
☐ MyRisk (Universal Hereditary Cancer, for countries outside US, UK, Japan, European Union)		Blood	English international Version
☐ Prolaris (for countries outside US and European Union)			English international Version
☐ EndoPredict (for countries outside US and European Union)			English International Version
☐ MyChoice CDx Plus (for countries in European Union, UK and Israel)			English International Version
☐ MyChoice HRD Plus (for countries outside US, UK, Japan, European Union)			English International Version
☐ _____ Other US product (i.e. myPath Melanoma etc.)			

Feedback or questions: Testkit@myriadgenetics.eu

Special requirements: None

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			