Cancer Test Requisition Form - Page 1 of 4

COMPLETE ENTIRE FORM TO AVOID DELAYS

Ambry Genetics
Aliso Viejo, CA 92656 USA
Toll Free: 866.262.7943 | Fax: 949.900.5501 | ambrygen.com

PATIENT INFORMATION

Name (Last, First, MI)	Date of Birth (MM/DD/YY)	Date of Death (If applicable)	Phone Number/Email

Address City State Zip	Biological Sex ☐F ☐M	Ethnicity: ☐African American ☐Asian ☐Caucasian ☐Hispanic ☐Jewish (Ashkenazi) ☐Portuguese ☐Other:

SPECIMEN INFORMATION* (For phlebotomy service, select all services you are requesting)

Type(s) ☐Blood (EDTA preferred) ☐Saliva ☐DNA ☐Other: ☐Personal history of allogenic bone marrow or peripheral stem cell transplant

Collection Date	Specimen ID	Medical Record #

**Blood or saliva from patients with active/recent hematological disease will undergo additional review and may not be accepted in some cases. For these, cultured fibroblasts or fresh/fresh frozen normal tissue are preferred. See ambrygen.com/specimen-requirements for details.*

Phlebotomy Services Request: ☐Phlebotomy draw ☐Insurance preverification first ☐Send kit to patient^

^As the patient's clinician, I am unaware of any potential for complication or difficulty in drawing blood for the listed patient(s). I understand that the phlebotomist has full authority to refuse to draw any patient if the safety of the phlebotomist and/or patient(s) are in question.

ORDERING LICENSED PROVIDER/SENDING FACILITY (Each listed person will receive a copy of the report)

Facility Name (Facility Code)	Address	City	State /Country	Zip	Phone

Ordering Licensed Provider Name (Last, First)(Code)	NPI#	Phone	Fax/Email

ADDITIONAL RESULTS RECIPIENTS

Genetic Counselor or Other Medical Provider Name (Last, First) (Code)	Phone/Fax/Email

Genetic Counselor or Other Medical Provider Name (Last, First) (Code)	Phone/Fax/Email

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING

The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has given appropriate consent. I confirm that testing is medically necessary and that test results may impact medical management for the patient. Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity (unless this box is checked ☐).

Signature Required for Processing Medical Professional Signature: Date:

☐ INSURANCE BILLING (Include copy of both sides of insurance card)

Patient Relation to Policy Holder? ☐Self ☐Spouse ☐Child	Name and DOB of Policy Holder (if not self)	
Insurance Company	Policy #	HMO Auth #

Ambry Genetics preverifies insurance coverage and will contact the patient after the patient's sample is received if the out-of-pocket amount for testing is estimated to exceed (*Nothing checked defaults to >$100*):

☐ $100 ☐ Any amount ☐ Other $

☐ Hold order pending patient contact and approval of payment terms regarding out-of-pocket.

Patient preferred method of contact regarding out-of-pocket amount: ☐ Email ☐ Phone

☐ INSTITUTIONAL BILLING

Facility Name ☐ *Send invoice to facility address above*

Address

Contact Name

Phone Number	E-mail/Fax

☐ PATIENT PAYMENT

☐ Check (Payable to Ambry Genetics)
☐ Credit Card (Call 949-900-5795)

Patient Acknowledgement: I acknowledge that the information provided by me is true and correct. For direct insurance billing: I authorize my insurance benefits to be paid directly to Ambry Genetics Corporation (Ambry), authorize Ambry to release medical information concerning my testing to my insurer, to be my designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and responsible for sending Ambry money received from my health insurance company.

For patient payment by credit card: I hereby authorize Ambry Genetics Corporation to bill my credit card as indicated above. In order to expedite consideration for eligibility for **Ambry's E.P.I.C. Program**, please provide the total annual gross household income: $_____ and the number of family members in the household supported by the listed income: _____. I authorize Ambry Genetics Corporation to verify the above information for the sole purpose of assessing financial need, including the right to seek supporting documentation.

Research & Recontact Consent: For more information on research at Ambry Genetics, please visit ambrygen.com/patient-resources. **NOTE:** If left blank, consent is interpreted as "NO".

☐ I agree to use of my de-identified biospecimen for research to improve genetic testing for all patients and contribute to scientific research.
☐ I am a New York state resident and I give Ambry Genetics permission to store my sample for up to 1 year after testing completion.
☐ In addition to agreeing above, I agree to be contacted by Ambry Genetics regarding research opportunities.

Signature Required for Insurance/Self-Pay Patients and Research Consent Patient or Legal Guardian Signature: Date:

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Patient Name: _____ DOB: _____

Cancer Test Requisition Form - Page 2 of 4

INDICATIONS FOR TESTING (Check all that apply)

ICD-10 code(s): _____

☐ Test results will affect immediate medical management, date results needed (if known):_____

PATIENT CLINICAL HISTORY

☐ No personal history of cancer

Cancer/Tumor	Age at Dx	Pathology and Other Info
Brain tumor		
Breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk
2nd primary breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk
Colorectal		Location:
Melanoma		
Ovarian		☐ Fallopian tube ☐ Primary peritoneal
Pancreatic		
Prostate		Gleason Score: Metastatic: ☐Y ☐N
Uterine		
Hematologic		Type: ☐Allogenic bone marrow or peripheral stem cell transplant*
Other Cancer		Type:
GI polyps		☐Adenomatous Polyp #:☐1 ☐2-5 ☐6-9 ☐10-19 ☐20-99 ☐100+ ☐Other type: Polyp #:☐1 ☐2-5 ☐6-9 ☐10-19 ☐20-99 ☐100+

Other clinical history:

**Blood or saliva from patients with active/recent hematological disease will undergo additional review and may not be accepted in some cases. For these, cultured fibroblasts or fresh/fresh frozen normal tissue are preferred. See ambrygen.com/specimen-requirements for details.*

PATIENT TESTING HISTORY (Please include copies of any previous test results)

☐ No previous molecular and/or genetic testing

☐ Germline genetic testing Test(s) performed:_____

Result (s):_____

☐ Somatic test/tumor profile Test(s) performed:_____

Result(s): _____

☐ Microsatellite instability analysis:

☐ Stable (MSS) ☐ Unstable/high (MSI-H) ☐ Unstable/low (MSI-L)

☐ IHC, if multiple primaries, tumor used:_____

☐ Proteins present: _____ ☐ Proteins absent: _____

FAMILY HISTORY*

**Completing this section is not mandatory for ordering if a pedigree and/or clinical note with family history is supplied, but is recommended and helps with results interpretation and claims filing.*

☐ None (maternal) ☐ None (paternal) ☐ Maternal history unknown ☐ Paternal history unknown

Relation to patient	Maternal	Paternal	Cancer/Polyp Type	Dx age	Relation to patient	Maternal	Paternal	Cancer/Polyp Type	Dx age
	☐	☐				☐	☐		
	☐	☐				☐	☐		
	☐	☐				☐	☐		
	☐	☐				☐	☐		
	☐	☐				☐	☐		
	☐	☐				☐	☐		

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Cancer Test Requisition Form - Page 3 of 4

Please check the box next to the test(s) being ordered below.
All tests include gene sequence and deletion/duplication analyses unless otherwise indicated.
If this TRF is sent to Ambry without or ahead of the sample, it will be treated as a preverification. If test ordered is different than the test preverified, we will honor what is on the TRF order form with the sample.

INSURANCE ORDERING CHECKLIST

- ☐ Clinic notes (with pedigree if available)
- ☐ ICD-10 code(s)
- ☐ Clinician & patient signatures
- ☐ Insurer-specific forms (i.e. ABN), if applicable
- ☐ Front/back copy of insurance card(s)

For multiple test orders, testing will be run concurrently (multiple tests initiated at the same time) unless otherwise specified. To order reflexive testing (second test starts pending first test outcome), please clearly indicate the order of reflexive tests in the notes section or next to the test check box. For reflex test orders, any positive findings (pathogenic/likely pathogenic) in the first test will be reported out to the clinician, and the requested second test will be canceled; all other findings will automatically reflex (including VUS).

MULTI-GENE ORDERS

For multi-gene orders, first select which of the following conditions is clinically indicated based on the patient's personal and/or family history:

- ☐ Adenomatous polyposis (*APC/MUTYH*)
- ☐ Hereditary breast and ovarian cancer (*BRCA1/2*)
- ☐ Lynch syndrome/HNPCC (*MLH1, MSH2, MSH6, PMS2, EPCAM*)
- ☐ Testing is clinically indicated for other gene(s):
- ☐ None of the above

To complete your multi-gene order, please select a test option to the right. (See supplemental information on page 4 for details).

[1] *If you selected BRCA1/2, one of these multi-gene reports may be requested.*
[2] *If you selected Lynch, one of these multi-gene reports may be requested.*
[3] *If you selected APC and MUTYH, one of these multi-gene reports may be requested.*
^*Required: completed CustomNext-Cancer supplemental form.* ambrygen.com/forms

☐	BrainTumorNext	8847	27 gene brain tumor test[2]
☐	BRCAplus	8836	6 gene breast cancer test[1]
☐	BRCAplus-*Expanded*	8837	8 gene breast cancer test[1]
☐	BreastNext	8820	17 gene breast cancer test[1]
☐	CancerNext	8824	34 gene cancer test[1,2,3]
☐	CancerNext-*Expanded*	8874	67 gene cancer test[1,2,3]
☐	ColoNext	8822	17 gene colorectal cancer test[2,3]
☐	CustomNext-*Cancer*	9510	up to 67 gene custom test^
☐	GYNplus	8835	13 gene ovarian/uterine cancer test[1,2]
☐	MelanomaNext	8849	8 gene melanoma test[1]
☐	OvaNext	8830	25 gene ovarian/breast/uterine cancer test[1,2]
☐	PancNext	8042	13 gene pancreatic cancer test[1,2]
☐	Pancreatitis panel	8022	4 gene pancreatitis test
☐	PGLNext	5504	12 gene PGL/PCC test
☐	ProstateNext	8845	14 gene prostate cancer test[1,2]
☐	RenalNext	5900	19 gene renal cancer test[2]

SINGLE SYNDROME ORDERS

Check to order	Test Name	Test Code	Description
Hereditary Brain Tumors			
☐	*AIP*	9018	Familial isolated pituitary adenomas
☐	*CDKN1B*	9022	Multiple endocrine neoplasia type 4
☐	*NF2*	9024	Neurofibromatosis type 2
☐	*POT1*	9032	
☐	*PRKAR1A*	9038	Carney Complex
☐	*SMARCB1*	7180	Rhabdoid tumor predisposition/ schwannomatosis
☐	*SUFU*	9050	Gorlin syndrome
Hereditary Breast and/or Ovarian Cancer			
☐	*ATM*	9014	Ataxia-telangiectasia
☐	*BRCA1/2*	8838	Hereditary breast and ovarian cancer
☐	*BRCA1/2* del/dup only	5890	
☐	*BRCA1/2* Ashkenazi Jewish 3-site mutation panel	5892	
☐	*BRCA1/2* Ashkenazi Jewish 3-site mutation panel with reflex to *BRCA1/2* analysis if negative	5894	
☐	*CHEK2*	9016	
☐	*DICER1*	5260	
☐	*PALB2*	2366	
☐	*PTEN*	2106	*PTEN*-related disorders (including Cowden syndrome)
☐	*SMARCA4*	9028	Rhabdoid tumor predisposition syndrome type 2
☐	*TP53*	2866	Li-Fraumeni syndrome
Gastrointestinal Cancer^^			
☐	*APC*	3040	Familial adenomatous polyposis
☐	*APC* and *MUTYH*	8726	Adenomatous polyposis
☐	*BMPR1A* and *SMAD4*	8604	Juvenile polyposis syndrome
☐	*CDH1*	4726	Hereditary diffuse gastric cancer
☐	*EPCAM* del/dup	8519	Lynch syndrome
☐	*GREM1* duplication	8878	Mixed polyposis syndrome
☐	Lynch syndrome	8517	*MLH1, MSH2, MSH6, PMS2 + EPCAM* del/dup
☐	Lynch syndrome (sequential)	8515	Step 1: *MLH1, MSH2,* and *MSH6 + EPCAM* del/dup; Step 2: *PMS2*
☐	*MLH1*	8508	Lynch syndrome
☐	*MSH2 + EPCAM* del/dup	8510	Includes *MSH2* inversion
☐	*MSH2* inversion	2226	Lynch syndrome
☐	*MSH6*	8512	Lynch syndrome
☐	*MUTYH*	4661	*MUTYH*-associated polyposis

Check to order	Test Name	Test Code	Description
Gastrointestinal Cancer^^ (Cont.)			
☐	*PMS2*	4646	Lynch syndrome
☐	*POLD1* and *POLE* gene sequence	8877	Polymerase proofreading-associated polyposis
☐	*STK11*	2766	Peutz-Jeghers syndrome
Genitourinary Cancer			
☐	*BAP1*	9044	
☐	*FH*	6301	Hereditary leiomyomatosis and renal cell cancer
☐	*FLCN*	5921	Birt-Hogg-Dubé syndrome
☐	*VHL*	2606	Von-Hippel Lindau disease
☐	*TSC1* and *TSC2*	5904	Tuberous sclerosis complex
Endocrine Tumors			
☐	*MAX*	9062	Hereditary PGL/PCC
☐	*MEN1*	2646	Multiple endocrine neoplasia type 1
☐	*RET* gene sequence	2680	Multiple endocrine neoplasia type 2
☐	*SDHA*	9052	Hereditary PGL/PCC
☐	*SDHAF2*	9060	Hereditary PGL/PCC
☐	*SDHB*	9054	Hereditary PGL/PCC
☐	*SDHC*	9056	Hereditary PGL/PCC
☐	*SDHD*	9058	Hereditary PGL/PCC
☐	*TMEM127*	9066	Hereditary PGL/PCC
Skin Cancer/Melanoma			
☐	*CDKN2A* and *CDK4* concurrent	4708	Familial atypical multiple mole melanoma (FAMMM)
☐	*PTCH1*	5684	Gorlin syndrome
Other Hereditary Cancer Testing			
☐	*NF1*	5704	Neurofibromatosis type 1
☐	*RB1*	5426	Hereditary retinoblastoma
Other Single Syndrome Orders			
☐	Please visit ambrygen.com/hereditary-cancer-single-gene-tests for details. Test Code(s): _____ Gene/Test Name(s): _____		

SINGLE SITE ANALYSIS (Please include a copy of relative's report)

Gene(s): _____ Mutation(s): _____
Relative Name: _____
Relationship to Relative: _____ Accession # (if tested at Ambry): _____
Positive control sample: ☐ will be provided ☐ already at Ambry ☐ not available

^^*If patient has Medicare and only Lynch is being ordered, please order 8515*

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Cancer Test Requisition Form - Supplemental Information - Page 4 of 4

Hereditary Cancer Multi-Gene Tests

Test Name	Test Code	Genes
Adenomatous polyposis	8726	*APC, MUTYH*
BrainTumorNext (27 genes)	8847	*AIP, ALK, APC, CDKN1B, CDKN2A, DICER1, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL*
BRCAplus (6 genes)	8836	*BRCA1, BRCA2, CDH1, PALB2, PTEN, TP53*
BRCAplus-*Expanded* (8 genes)	8837	*ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, TP53*
BreastNext (17 genes)	8820	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, MRE11A, MUTYH, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, TP53*
CancerNext (34 genes)	8824	*APC, ATM, BARD1, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, GREM1, HOXB13, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RAD50, RAD51C, RAD51D, SMAD4, SMARCA4, STK11, TP53*
CancerNext-*Expanded* (67 genes)	8874	*AIP, ALK, APC, ATM, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN1B, CDKN2A,CHEK2, DICER1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, NF2, PALB2, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
ColoNext (17 genes)	8822	*APC, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53*
CustomNext-*Cancer* (up to 67 genes) Required: complete CustomNext-*Cancer* supplemental form. ambrygen.com/forms	9510	*AIP, ALK, APC, ATM, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN1B, CDKN2A,CHEK2, DICER1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, NF2, PALB2, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
GYNplus (13 genes)	8835	*BRCA1, BRCA2, BRIP1 , EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53*
HBOC	8838	*BRCA1, BRCA2*
Lynch syndrome/HNPCC	8517	*MLH1, MSH2, MSH6, PMS2 + EPCAM* del/dup
MelanomaNext (8 genes)	8849	*BAP1, BRCA2, CDK4, CDKN2A, MITF, PTEN, RB1, TP53*
OvaNext (25 genes)	8830	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SMARCA4, STK11, TP53*
PancNext (13 genes)	8042	*APC, ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53*
Pancreatitis panel (4 genes)	8022	*CFTR, PRSS1, SPINK1, CTRC*
PGLNext (12 genes)	5504	*FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL*
ProstateNext (14 genes)	8845	*ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53*
RenalNext (19 genes)	5900	*BAP1, EPCAM, FH, FLCN, MET, MITF, MLH1, MSH2, MSH6, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL*

Updated Ordering Process (as of June 8, 2016)

We have improved the ordering and reporting process for our hereditary cancer panels. This helps confirm that testing for one or more of the following genes is clinically indicated: *APC*, *BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, MUTYH,* and *PMS2*.

If you are ordering a multi-gene test, please first select a clinically indicated condition and complete your order by selecting a multi-gene order.

Please indicate if your patient meets clinical and/or insurance testing criteria, or if the testing is otherwise clinically indicated for one or more of the following conditions:

• Adenomatous polyposis (*APC/MUTYH*) • Hereditary breast and ovarian cancer (*BRCA1/2*) • Lynch syndrome/HNPCC (*MLH1, MSH2, MSH6, PMS2, EPCAM*)

If testing is not clinically indicated for your patient for any of the listed options, please either fill in the other gene(s) option or select "none of the above".

To complete your multi-gene order, please select one of the appropriate test options and/or select "other" and enter an appropriate test code(s)/test name(s).

For single gene orders, please select the appropriate test option or enter the gene(s) and/or test name(s), as well as the relevant test code in the single gene orders section.

For additional details about our single gene testing options, please visit ambrygen.com/hereditary-cancer-single-gene-tests.

Example: For a ColoNext multi-gene order, when Lynch testing is clinically indicated for the patient

MULTI-GENE ORDERS

For multi-gene orders, first select which of the following conditions is clinically indicated based on the patient's personal and/or family history:

- ☐ Adenomatous polyposis (*APC/MUTYH*)
- ☐ Hereditary breast and ovarian cancer (*BRCA1/2*)
- ☑ Lynch syndrome/HNPCC (*MLH1, MSH2, MSH6, PMS2, EPCAM*)
- ☐ Testing is clinically indicated for other gene(s):
- ☐ None of the above

To complete your multi-gene order, please select a test option to the right. (See supplemental information on page 4 for details).

[1] If you selected BRCA1/2, one of these multi-gene reports may be requested.
[2] If you selected Lynch, one of these multi-gene reports may be requested.
[3] If you selected APC and MUTYH, one of these multi-gene reports may be requested.
^Required: completed CustomNext-Cancer supplemental form. ambrygen.com/forms

☐	BrainTumorNext	8847	27 gene brain tumor test[2]
☐	BRCAplus	8836	6 gene breast cancer test[1]
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☐	BreastNext	8820	17 gene breast cancer test[1]
☐	CancerNext	8824	34 gene cancer test[1,2,3]
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☑	ColoNext	8822	17 gene colorectal cancer test[2,3]
☐	CustomNext-*Cancer*	9510	up to 67 gene custom test^
☐	GYNplus	8835	13 gene ovarian/uterine cancer test[1,2]
☐	MelanomaNext	8849	8 gene melanoma test[1]
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☐	ProstateNext	8845	14 gene prostate cancer test[1,2]
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