

**COMPLETE ENTIRE FORM TO AVOID DELAYS**

2450 Holcombe Blvd, Houston, TX 77021-2024 | CLIA# 45D0660090

PATIENT INFORMATION				
Name (Last, First, MI)		Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (MM/DD/YY)	MRN
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Portuguese <input type="checkbox"/> Other:				Ashkenazi Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	Zip
Preferred Method Of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Text (requires mobile phone number) <input type="checkbox"/> Email		Phone	Email	Preferred Billing <input type="checkbox"/> Insurance* <input type="checkbox"/> Cash <input type="checkbox"/> Institutional
*Copy of front/back of insurance card and additional payer-specific authorization forms are required.				
SPECIMEN TRANSPORT <input type="checkbox"/> Room Temperature				
Collection Date (MM/DD/YY): _____		Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Specimens Submitted: _____	
Specimen Details: Tissue Type (e.g. skin): _____ Site (e.g. left arm): _____ Sample Type (e.g. punch biopsy): _____				
Testing laboratory handling instructions: Sample will be cultured at Baylor Genetics; 2 (two) T-25 flasks will be sent to Ambry Genetics for testing. Sample will not be frozen for long-term storage.				
FedEx tracking number: _____		Comments and Special Instructions:		
ORDERING PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL Facility Type: <input type="checkbox"/> Physician/Physician Group <input type="checkbox"/> Referral Lab				
Name (Last, First, Degree)		Facility Name		NPI#
Kit Shipment Street Address		City	State	Zip
Phone	Fax		E-mail	
ADDITIONAL RESULTS RECIPIENTS				
Genetic Counselor or Other Medical Provider Name (Last, First) (Code)			Phone/Fax/Email	
PATIENT CLINICAL HISTORY				
Describe (attach clinical notes, family notes)				
Personal History of Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Dx	Diagnosis Notes (cancer type, etc.)	ICD-10 Code(s)	
Family History of Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Family History Details			
Prior Genetic Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient		Family	
TEST ORDER				
Order Code: 8814 Tissue Culture Baylor Genetics (AG: 7030) <input type="checkbox"/> Grow and Send Ambry Billing ID: AGAC				
Select the indication for testing: <input type="checkbox"/> Hereditary breast and ovarian cancer <sup>1</sup> <input type="checkbox"/> Lynch <sup>2</sup> <input type="checkbox"/> Hereditary polyposis <sup>3</sup> <input type="checkbox"/> None <input type="checkbox"/> Other: _____		Select desired test: <input type="checkbox"/> BRCAplus <sup>®</sup> 8836 <input type="checkbox"/> BreastNext <sup>®</sup> 8820 <input type="checkbox"/> CancerNext <sup>®</sup> 8824 <input type="checkbox"/> CancerNext-Expanded <sup>®</sup> 8874 <input type="checkbox"/> ColoNext <sup>®</sup> 8822 <input type="checkbox"/> OvaNext <sup>®</sup> 8830 <input type="checkbox"/> ProstateNext <sup>®</sup> 8845 <input type="checkbox"/> CustomNext-Cancer <sup>®</sup> 9510 <input type="checkbox"/> Other: _____		
1. BRCA1/2 2. MLH1, MSH2, MSH6, PMS2, EPCAM 3. APC/MUTYH				
Optional: Add AmbryScore <input type="checkbox"/> Breast (Additional Supplemental Ordering Form REQUIRED) <input type="checkbox"/> Prostate				
Will patient management be changed depending on the test results? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Notes:				
Patient Signature (I agree to terms below):			Date:	
Medical Professional Signature (I agree to terms below):			Date:	
TERMS AND CONDITIONS				
<b>Patient Acknowledgement:</b> 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 responsible for sending Ambry money received from my health insurance company.				
<b>For NY residents:</b> <input type="checkbox"/> I am a New York resident and I give Ambry Genetics permission to store my sample for longer than 60 days. <b>NOTE:</b> If left blank, consent is interpreted as "NO".				
<b>Medical Professional:</b> Confirmation of Informed Consent, Pre-test Genetic Counseling, 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. I agree to allow Ambry Genetics to facilitate the provision of pre-test genetic counseling services by a third-party service, as required by the patient's insurance provider. Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity.				

## Oncology Test Requisition for Tissue Culturing

### INSTRUCTIONS FOR SUBMITTING SAMPLE TO BAYLOR GENETICS :

#### KIT REQUEST

1. 7-10 days prior to patient's procedure, please place an order for a Baylor Genetics' CVS Transport Media Kit through their website at [baylorgenetics.com/supplies](http://baylorgenetics.com/supplies). For any questions, please contact Baylor Genetics' Client Services at 1-800-411-4363 or email [help@baylorgenetics.com](mailto:help@baylorgenetics.com).
2. Upon receipt of the online kit request, Baylor Genetics will ship a CVS Transport Media Kit to the requested address, which should arrive within 3-5 business days. For urgent kit requests, expedited shipping options are available.

#### PREPARING SAMPLE

Upon receiving the kit, place tube with media in the refrigerator until ready for use.

**Specimen preparation:** Collect 5 cubic millimeters of skin from a central location (e.g. buttock or upper thigh) rather than from a distal location (e.g. foot) to enhance cell viability. Place sample in a separate sterile container with RPMI media. In the absence of RPMI media, place sample in a sterile container with a small amount of sterile saline. Never place samples in formalin or other fixative.

**Storage/transport temperature:** Ship at room temperature in an insulated container by overnight courier. Do NOT heat or freeze.

**Stability:** Sample must arrive at culture lab within 48 hrs. of collection.

*For questions related to tissue culturing, please contact Baylor Genetics' Client Services at 1-800-411-4363 or email [help@baylorgenetics.com](mailto:help@baylorgenetics.com).*

#### SHIPPING

1. Include completed Test Requisition Form with the CVS Transport Media Kit and provide FedEx tracking number.
2. Fax (949-900-5501) or email ([CulturedSamples@ambrygen.com](mailto:CulturedSamples@ambrygen.com)) completed Test Requisition Form to Ambry Genetics.
3. Ship sample to Baylor Genetics at 2450 Holcombe Blvd, Grand Blvd. Receiving Dock, Houston, TX 77021-2024.

*Please note that fibroblast cultures typically take 2-3 weeks to complete.*

*If multiple skin biopsy specimens are collected, only one biopsy specimen will be cultured and sent to Ambry. If you require an exception to the standard specimen processing, please notify Baylor upon sample submission (additional charges may apply). Remaining cultures at Baylor Genetics will be discarded 14 days after sending initial 2 T25s to Ambry, unless additional cultures are requested prior to discard.*

For questions related to acceptable specimens, test status, or results, please contact Ambry Genetics at 949-900-5500.

## Supplemental Information

### 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® (8 genes)	8836	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 81 genes) Required: complete CustomNext-Cancer supplemental form. <a href="http://ambrygen.com/forms">ambrygen.com/forms</a>	9510	AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CFTR, CHEK2, CPA1, CTNNA1, CTSC, DICER1, EGFR, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PRSS1, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, SPINK1, 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 (6 genes)	8022	CASR, CFTR, CPA1, PRSS1, SPINK1, CTSC
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

\* AmbyrScore for Breast is available as an add on to this panel if all of the following eligibility criteria are met:

- Female biological sex
- 18-84 years old
- Non-Ashkenazi Jewish, N. European ancestry
- No personal history of cancer (excluding non-melanoma skin cancer)
- No personal history of atypical hyperplasia or lobular carcinoma in situ (LCIS)
- No personal or family history of a mutation in a breast cancer susceptibility gene<sup>1</sup>
  - <sup>1</sup> ATM, BARD1, BLM (if tested), BRCA1, BRCA2, BRIP1, CDH1, CHEK2, FANCC (if tested), MRE11A, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53

Note: AmbyrScore supplemental ordering form is required for processing

^ AmbyrScore for Prostate is available as an add on to this panel if all of the following eligibility criteria are met:

- Male biological sex
- 18-84 years old
- N. European ancestry
- No personal or family history of a mutation in a prostate cancer susceptibility gene<sup>2</sup>
  - <sup>2</sup> ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53

Note: No additional ordering forms are required for processing