Ambry Genetics® A Konica Minolta Company | BAYLOR GENETICS

Oncology Test Requisition for Tissue Culturing

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

COMPLETE ENTIRE FORM TO AVOID DELAYS

PATIENT INFORMATION

Name (Last, First, MI)	Biological Sex ☐F ☐M	Date of Birth (MM/DD/YY)	MRN

Ethnicity: ☐African American ☐Asian ☐Caucasian ☐Hispanic ☐Portuguese ☐Other: | Ashkenazi Jewish ☐Yes ☐No

Address	City	State	Zip

Preferred Method Of Contact	Phone	Email	Preferred Billing
☐Phone ☐Text (requires mobile phone number) ☐Email			☐Insurance* ☐Cash ☐Institutional

**Copy of front/back of insurance card and additional payer-specific authorization forms are required.*

SPECIMEN TRANSPORT ☑ Room Temperature

Collection Date (MM/DD/YY): _____ Time: _____ ☐AM ☐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: ☐ Physician/Physician Group ☐ 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 ☐Yes ☐No	Age of Dx	Diagnosis Notes (cancer type, etc.)	ICD-10 Code(s)
Family History of Cancer ☐Yes ☐No	Family History Details		
Prior Genetic Testing ☐Yes ☐No	Patient	Family	

TEST ORDER

Order Code: 8814 Tissue Culture Baylor Genetics (AG: 7030) ☑ Grow and Send Ambry Billing ID: AGAC

Select the indication for testing:

☐Hereditary breast and ovarian cancer[1] ☐Lynch[2] ☐Hereditary polyposis[3]

☐None ☐Other: _____

1. *BRCA1/2* 2. *MLH1, MSH2, MSH6, PMS2, EPCAM* 3. *APC/MUTYH*

Select desired test:

☐BRCANext™ 8855 ☐BRCANext-*Expanded*™ 8860 ☐BRCAplus® 8836 ☐CancerNext® 8824

☐CancerNext-*Expanded*® 8874 ☐ColoNext® 8822 ☐ProstateNext® 8845

☐CustomNext-*Cancer*® 9510 ☐Other: _____

Optional: Add AmbryScore ☐Breast (Additional Supplemental Ordering Form REQUIRED) ☐Prostate

Will patient management be changed depending on the test results? ☐Yes ☐No

Notes:

Patient Signature (I agree to terms below): Date:

Medical Professional Signature (I agree to terms below): Date:

TERMS AND CONDITIONS

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 responsible for sending Ambry money received from my health insurance company.

For NY residents: ☐ I am a New York resident and I give Ambry Genetics permission to store my sample for longer than 60 days. **NOTE:** If left blank, consent is interpreted as "NO".

Medical Professional: 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.

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BAYLOR GENETICS

Patient Name: _____ DOB: _____

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.
2. On step 3 select "custom options". On step 4 enter TC 8814 at the top and enter the desired qty of **15ml Conical Tube(s) CVS Transport Media**.
3. For any questions, please contact Baylor Genetics' Client Services at 1-800-411-4363 or email help@baylorgenetics.com.
4. 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 (included in the Baylor Genetics' CVS Transport Media Kit). In the absence of RPMI media, place sample along with a small amount of sterile saline in a sterile container with a cap that can be tightened to prevent leakage. 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.

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) 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.

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Patient Name: _____ DOB: _____

Supplemental Information

Hereditary Cancer Multi-Gene Tests

Test Name	Test Code	Genes
Adenomatous polyposis	8726	*APC, MUTYH*
BrainTumorNext® (29 genes)	8847	*AIP, ALK, APC, CDKN1B, CDKN2A, DICER1, EPCAM, LZTR1, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL*
BRCANext™^ (18 genes)	8855	*ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53*
BRCANext-*Expanded*™^ (23 genes)	8860	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, RECQL, SMARCA4, STK11, TP53*
BRCAplus® (8 genes)	8836	*ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, TP53*
CancerNext®^,^^ (36 genes)	8824	*APC, ATM, AXIN2, BARD1, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, GREM1, HOXB13, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RECQL, SMAD4, SMARCA4, STK11, TP53*
CancerNext-*Expanded*®^,^^ (77 genes)	8874	*AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, EGFR, EGLN1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIF1B, KIT, LZTR1, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
ColoNext® (20 genes)	8822	*APC, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53*
CustomNext-*Cancer*®^,^^ (up to 91 genes) Required: complete CustomNext-*Cancer* supplemental form. ambrygen.com/forms	9510	*ABRAXAS1 (FAM175A)†, AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CFTR, CHEK2, CPA1, CTNNA1, CTRC, DICER1, EGFR, EGLN1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIF1B, KIT, LZTR1, MAX, MEN1, MET, MITF, MLH1, MLH3†, MRE11A †, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PALLD†, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PRSS1, PTCH1, PTEN, RAD50 †, RAD51C, RAD51D, RB1, RECQL, RET, RINT1†, RPS20†, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, SPINK1, STK11, SUFU, TERT†, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
HBOC	8838	*BRCA1, BRCA2*
Lynch syndrome/HNPCC	8517	*MLH1, MSH2, MSH6, PMS2 + EPCAM del/dup*
MelanomaNext® (9 genes)	8849	*BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, 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, CTRC*
PGLNext® (14 genes)	5504	*EGLN1, FH, KIF1B, 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® (20 genes)	5900	*BAP1, CHEK2, EPCAM, FH, FLCN, MET, MITF, MLH1, MSH2, MSH6, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL*

Genes Eligible for **+RNAinsight®**: *APC, ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, NF1, PALB2, PMS2 EX1-10, PTEN, RAD51C, RAD51D, TP53*

^ AmbryScore 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 (*ATM, BARD1, BLM* [if tested], *BRCA1, BRCA2, BRIP1, CDH1, CHEK2, FANCC* [if tested], *NBN, NF1, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53*)

Note: AmbryScore supplemental ordering form is required for processing

^^ AmbryScore 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 (*ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53*)

Note: No additional ordering forms are required for processing

† Limited evidence gene