

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

PATIENT INFORMATION			
Name (Last, First, MI)		Sex at Birth <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (MM/DD/YY)
MRN			
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> French Canadian/Cajun <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mediterranean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Portuguese <input type="checkbox"/> Unknown <input type="checkbox"/> Other:			
Address		City	State
Phone		Email	Zip
Preferred Billing			
<input type="checkbox"/> Insurance <input type="checkbox"/> Self-pay <input type="checkbox"/> Institutional			

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: _____
Collection date is required for testing to proceed. Failure to provide may result in delays and/or test cancellation.	
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	
Kit Shipment Street Address		NPI#	
Phone		City	State
Fax		Zip	
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 Amby Billing ID: AGAC	
REQUIRED: Select a Primary Test Order For Patients Meeting BRCA1/2 Testing Criteria <input type="checkbox"/> BRCA1/2 test For Patients Meeting Colorectal Cancer Syndrome Testing Criteria (Lynch) Lynch Syndrome test: <input type="checkbox"/> MLH1, MSH2, MSH6, PMS2, EPCAM For Patients Meeting Colorectal Cancer Syndrome Testing Criteria (polyposis) Polyposis test: <input type="checkbox"/> APC/MUYTH <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above (patient does not meet any genetic testing criteria)	Select an Optional Supplemental Test (Per payer policy, all tests in this section will be processed and billed separately; tests may be performed as a reflex.) <input type="checkbox"/> BrainTumorNext® (8847) <input type="checkbox"/> ColoNext® (8822) <input type="checkbox"/> BRCAplus® (8836) <input type="checkbox"/> CustomNext-Cancer® (9510) <input type="checkbox"/> BRCANext™ (8855) <input type="checkbox"/> MelanomaNext® (8849) <input type="checkbox"/> BRCANext-Expanded™ (8860) <input type="checkbox"/> PancNext® (8042) <input type="checkbox"/> CancerNext® (8824) <input type="checkbox"/> ProstateNext® (8845) <input type="checkbox"/> CancerNext-Expanded® (8874) <input type="checkbox"/> Other _____

Will the course of treatment change depending upon the results of the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	STAT TEST: <input type="checkbox"/> Date results needed (if known): _____
Was genetic counseling completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date Genetic Counseling was Performed: _____	

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: <input type="checkbox"/> By checking this box, I agree that Ambry Genetics will retain my sample for 6 months after the testing above has been completed. By not checking this box, I understand that under New York State law, Ambry Genetics must discard my sample after the longer of (a) testing completion and (b) 60 days after the Date of Collection above.
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.

Test Requisition for Tissue Culturing (Oncology)

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 T2Ss 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® (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, MIF, 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	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, EGLN1, EPCAM, FAM175A(ABRAXAS1) [^] , FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIF1B, KIT, LZTR1, MAX, MEN1, MET, MIF, 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, MIF, 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, CTSC
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, MIF, MLH1, MSH2, MSH6, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL

[^] Limited evidence gene