

## AmbryScore™ SUPPLEMENTAL ORDERING FORM

PATIENT INFORMATION			
Last Name	First Name	Middle Initial	DOB (MM/DD/YY)

### OPT-IN TO AMBRYSCORE

Add AmbryScore to multigene panel testing\*

\* AmbryScore can only be added to orders for BreastNext, OvaNext, CancerNext, CancerNext-Expanded, and CustomNext-Cancer

**Eligibility Criteria**

I confirm that my patient meets all of the below eligibility criteria for AmbryScore.  
*Note: If this box is not checked, AmbryScore will not be calculated.*

1. Non-Ashkenazi Jewish, Caucasian
2. Female biological sex
3. Age 18-84 years
4. No personal history of cancer (excluding non-melanoma skin cancer), atypical hyperplasia, or LCIS
5. No family history of a mutation in a breast cancer susceptibility gene<sup>^</sup>

<sup>^</sup>Breast cancer genes: ATM, BARD1, BLM (if tested), BRCA1, BRCA2, BRIP1, CDH1, CHEK2, FANCC (if tested), MRE11A, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53

### BREAST CANCER RISK MODEL INFORMATION (Required for AmbryScore calculation)

**Additional Patient Information**

Height: \_\_\_ft \_\_\_in    Weight: \_\_\_\_\_ lbs

Age at first menstruation: \_\_\_\_\_

Menopausal Status:  Pre-menopausal     Peri-menopausal     Post-menopausal    Age of menopause onset (if applicable): \_\_\_\_\_

Number of live births: \_\_\_\_\_ Age at first child's birth (if applicable): \_\_\_\_\_

Has the patient ever used Hormone Replacement Therapy (HRT)?  No     Yes  
If yes, treatment type:  Combined     Estrogen only  
If yes, select one of the following:  
 Currently using HRT, started \_\_\_\_\_ years ago; intended to use for \_\_\_\_\_ more years  
 Past HRT user, stopped \_\_\_\_\_ years ago; used for \_\_\_\_\_ years

**Biopsy History:**  
 No prior biopsy/no proliferative disease     Prior biopsy, result unknown     Hyperplasia (not atypical)  
 Atypical hyperplasia     Lobular carcinoma in situ (LCIS)

**Mammographic Density:**  
Has the patient had her breast density assessed?  No     Yes  
If yes, complete one of the following:  
Volpara® Volumetric Density: \_\_\_\_\_%  
VAS Percentage Density: \_\_\_\_\_%  
BI-RADS® ATLAS Density (select one of the following):  
 Almost entirely fatty     Scattered fibroglandular density     Heterogeneously dense     Extremely dense     Unknown

**Female Relatives**

Number of daughters: \_\_\_\_\_    Number of sisters: \_\_\_\_\_  
Number of maternal aunts (mother's sisters): \_\_\_\_\_    Number of paternal aunts (father's sisters): \_\_\_\_\_

*Additional family history information provided in the test requisition form and/or any chart notes/pedigrees will also be incorporated into the AmbryScore calculation.*