Ambry Genetics®
A Konica Minolta Company
Aliso Viejo, CA 92656 USA
Toll Free: +1.866.262.7943 Direct: +1.949.900.5500 | Fax: +1.949.900.5501 | ambrygen.com

COMPLETE ENTIRE FORM TO AVOID DELAYS

PATIENT INFORMATION

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

Address City State /Province Postal Code Country	Biological Sex ☐F ☐M	Ethnicity: ☐African American ☐Asian ☐Caucasian ☐Hispanic ☐Jewish (Ashkenazi) ☐Portuguese ☐Other:

SPECIMEN INFORMATION*

Type(s) ☐Blood (EDTA preferred) ☐Saliva ☐Buccal Swabˆ ☐DNA ☐Cord Blood** ☐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.

***If submitting Cord Blood or a fetal specimen, please see bottom of page 5 for Maternal Cell Contamination sample submission test codes.*

ˆOnly for Fragile X syndrome and chromosomal microarray

INDICATION(S) FOR TESTING

ICD-10 code(s):

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

PRENATAL SAMPLES ONLY

Sample type: ☐ Direct CVS ☐ Cultured CVS ☐ Cultured amnio ☐ POC ☐ Cultured POC | Gestational age at sample collection

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

Facility Name (Facility Code)	Address			

City	State /Province	Postal Code	Country	Phone

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

ADDITIONAL RESULTS RECIPIENTS

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

Genetic Counsellor 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:

☐ INSTITUTIONAL BILLING (to be completed by institution or health authority providing payment)

Facility Name	Address (with country)	

Contact Name	Phone Number	E-mail/Fax

☐ PATIENT PAYMENT ☐ Check (Payable to Ambry Genetics) ☐ Credit card (Call +1 949-900-5794)

Additional billing comments or other order #s (*i.e.* POs)

☐ **GRATIS** (Check for pre-approved gratis testing)

Patient Acknowledgement: I acknowledge that the information provided by me is true and correct. **For patient payment by credit card:** I hereby authorize Ambry Genetics Corporation to bill my credit card as indicated above. 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.

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

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Patient Name: _____ DOB: _____

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CLINICAL HISTORY

PLEASE ATTACH PEDIGREE /CLINICAL CONSULTATION NOTES, IF AVAILABLE

Birth and Neonatal History ☐ Not Applicable

Gestational age at birth: _____ Birth weight: _____

Head circumference at birth (if available): _____

☐ Congenital anomalies, explain: _____

☐ Positive newborn screen, explain: _____

Seizure History ☐ Not Applicable

Age at first unprovoked seizure (first seizure without fever or other acute metabolic or structural cause): _____

Seizure types (choose all that apply):

☐ Infantile/epileptic spasms ☐ Myoclonic ☐ Generalized tonic clonic
☐ Tonic ☐ Typical absence ☐ Focal seizures
☐ Atonic ☐ Atypical absence

Are seizures: ☐ refractory ☐ well-controlled

Has this patient been diagnosed with an epilepsy syndrome?

☐ yes ☐ no ☐ unknown If yes, please specify: _____

Pulmonology History ☐ Not Applicable

☐ Positive newborn screen ☐ CBAVD ☐ Meconium ileus

☐ Infections: _____

☐ Sweat chloride: _____mmol/L ☐ Sweat chloride: ☐<40 ☐ 40-60 ☐ >60

☐ Pancreatic insufficiency IRT level: _____

☐ Respiratory distress, explain: _____

☐ Respiratory assistance devices: _____

☐ Ultrasound findings: _____

Developmental History ☐ Not Applicable

Developmental delay: ☐ yes ☐ no ☐ unknown

Delay prior to seizure onset: ☐ yes ☐ no ☐ unknown ☐ N/A

Type of delay (choose all that apply): ☐ motor ☐ language ☐ global

Intellectual disability: ☐ yes ☐ no ☐ unknown

Regression or plateau: ☐ yes ☐ no ☐ unknown

Does patient meet DSM-V diagnostic criteria for an autism spectrum disorder?:
☐ yes ☐ no ☐ unknown

Cardiac History ☐ Not Applicable

Sudden cardiac arrest ☐ Y ☐ N (if yes): # Episodes:_____

Age first incident: _____ # Episodes:_____ Age first incident:_____

Syncope ☐ Y ☐ N If yes, # Episodes: _____ Age first incident: _____

History of cardiomyopathy ☐ Y ☐ N Age at dx:_____

☐ HCM ☐ DCM ☐ ARVC ☐ LVNC ☐ RCM

☐ Other cardiomyopathy types:_____

History of Arrhythmia ☐ Y ☐ N Age at dx: _____

☐ Long QT ☐ Short QT ☐ Brugada ☐ CPVT ☐ ARVC

☐ Other arrhythmia types: _____

☐ Congenital heart defect

Other History ☐ Not Applicable

☐ Hearing problems:_____ ☐ Vision problems:_____

☐ Migraine:_____ ☐ Psychiatric:_____

☐ Hematological:_____

☐ Suspected genetic condition:_____

☐ Other clinical findings:_____

Cancer History ☐ Not Applicable

Cancer/Tumor	Age at Dx	Pathology and Other Info
Brain		
Breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk
2nd primary breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk
Colorectal		Location:
Ovarian		☐ Fallopian tube ☐ Primary peritoneal
Melanoma/skin		
Prostate		Gleason Score: Metastatic: ☐ Yes ☐ No
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+

**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.*

PREVIOUS TEST HISTORY (Please include copy of test results if performed at another laboratory)

Previously Detected Alteration(s):_____ Gene Name:_____ Testing Lab:_____

Patient previously tested at Ambry? ☐ Yes ☐ No Family previously tested at Ambry? ☐ Yes ☐ No

Name: _____ DOB: _____ Relation: _____

FAMILY HISTORY (Completion of this section is required for orders including parental samples)

Mother: ☐ unaffected ☐ affected, list symptoms/dx:_____ Dx age: _____

Father: ☐ unaffected ☐ affected, list symptoms/dx:_____ Dx age: _____

Relation to patient	Maternal	Paternal	Disease	Dx age
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

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ORDERING CHECKLIST
- ☐ Clinic notes (with pedigree if available)
- ☐ Clinician & patient signatures

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.

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).

CANCER

Multi-Gene Testing

☐	BrainTumorNext	8847	27 gene brain tumor test	☐	MelanomaNext	8849	8 gene melanoma test
☐	BRCAplus	8836	8 gene breast cancer test	☐	OvaNext	8830	25 gene ovarian/breast/uterine cancer test
☐	BreastNext	8820	17 gene breast cancer test	☐	PancNext	8042	13 gene pancreatic cancer test
☐	CancerNext	8824	34 gene cancer test	☐	Pancreatitis panel	8022	4 gene pancreatitis test
☐	CancerNext-*Expanded*	8874	67 gene cancer test	☐	PGLNext	5504	12 gene PGL/PCC test
☐	ColoNext	8822	17 gene colorectal cancer test	☐	ProstateNext	8845	14 gene prostate cancer test
☐	CustomNext-*Cancer*	9510	Up to 68 gene custom test^	☐	RenalNext	5900	19 gene renal cancer test
☐	GYNplus	8835	13 gene ovarian/uterine cancer test				

See Hereditary Cancer Testing Supplemental Information on page 6 for details, such as included genes.

^*Required: completed CustomNext-Cancer supplemental form.* ambrygen.com/forms

Single Syndrome Orders

Check to order	Test Name	Test Code	Description
Breast and/or Ovarian Cancer			
☐	*ATM*	9014	Ataxia-telangiectasia
☐	*BRCA1/2*	8838	Hereditary breast and ovarian cancer
☐	*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)
☐	*TP53*	2866	Li-Fraumeni syndrome
Endocrine Tumors			
☐	*MEN1*	2646	Multiple endocrine neoplasia type 1
☐	*RET* gene sequence	2680	Multiple endocrine neoplasia type 2
Gastrointestinal Cancer			
☐	*APC*	3040	Familial adenomatous polyposis
☐	*APC* and *MUTYH* concurrent	8726	Adenomatous polyposis
☐	*BMPR1A* and *SMAD4* concurrent	8604	Juvenile polyposis syndrome
☐	*CDH1*	4726	Hereditary diffuse gastric cancer
☐	*EPCAM* del/dup	8519	Lynch syndrome
☐	Lynch syndrome (concurrent)	8517	*MLH1, MSH2, MSH6, PMS2 + EPCAM* del/dup
☐	Lynch syndrome (sequential)	8515	Step 1: *MLH1, MSH2*, and *MSH6 + EPCAM* del/dup; Step 2: *PMS2*

Check to order	Test Name	Test Code	Description
Gastrointestinal Cancer (Cont.)			
☐	*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
☐	*PMS2*	4646	Lynch syndrome
☐	*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
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
☐	*NF2*	9024	Neurofibromatosis type 2
☐	*RB1*	5426	Hereditary retinoblastoma
☐	*SMARCB1*	7180	Schwannomatosis
Other Single Syndrome Orders			
☐	Please visit ambrygen.com/hereditary-cancer-single-gene-tests for details. Test Code(s): _____ Gene/Test Name(s): _____		

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CARDIOLOGY

Check to order	Test Name	Test Code	Description
Comprehensive Cardiovascular Panels			
☐	CardioNext with *TTN*	8911	85 genes for hereditary cardiomyopathies and arrhythmias
☐	CustomNext-*Cardio*	9520	Up to 106 gene custom hereditary cardiomyopathies and arrhythmias test. **Required: completed CustomNext-*Cardio* supplemental form.** ambrygen.com/forms
Arrhythmia, Long QT, and Brugada Panels			
☐	RhythmFirst	8888	12 genes for long QT syndrome
☐	RhythmNext	8900	36 genes for inherited arrhythmias
☐	RhythmNext Reflex	8901	RhythmFirst reflex to RhythmNext
☐	CPVTNext	8902	6 genes for catecholaminergic polymorphic ventricular tachycardia
Cardiomyopathy Panels			
☐	HCMFirst	8935	*MYBPC3, MYH7*
☐	HCMNext	8936	27 genes for hypertrophic cardiomyopathy
☐	HCMNext Reflex	8883	HCMFirst reflex to HCMNext
☐	DCMNext	8884	36 genes for dilated cardiomyopathy

Check to order	Test Name	Test Code	Description
Cardiomyopathy Panels (Cont.)			
☐	CMNext with *TTN*	8887	55 genes for hereditary cardiomyopathy
☐	ARVCNext	8904	9 genes for arrhythmogenic right ventricular cardiomyopathy
☐	LVNCNext	8906	8 genes for left ventricular non-compaction
Familial Hypercholesterolemia			
☐	FHNext	8680	4 genes (*APOB, LDLR, LDLRAP1, PCSK9*)
☐ Check this box if you would like to have the *SLCO1B1* c.521T>C polymorphism reported, which has been associated in medical literature with statin-induced myopathies			
Thoracic Aortic Aneurysms and Related Disorders			
☐	TAADNext	8789	22 genes for thoracic aortic aneurysms/dissections
☐	Marfan syndrome	8781	*FBN1*
☐	Marfan reflex to TAADNext	8783	*FBN1* reflex to TAADNext
☐	Ehlers-Danlos vascular type (EDS IV)	8790	*COL3A1*
☐	Ehlers-Danlos reflex to TAADNext	8791	*COL3A1* reflex to TAADNext

CLINICAL GENOMICS

☐	Karyotype	3660	Chromosome analysis (requires green-top sodium-heparin tube)
☐	Karyotype, rule out mosaic	3662	Chromosome analysis (requires green-top sodium-heparin tube)
☐	SNP Array	5490	Chromosomal microarray (>2.6 million copy number probes and 750,000 SNP probes)
☐	Parental targeted microarray	5495	Paid option. Only available following SNP Array (5490) completed at Ambry. Incidental findings unrelated to the variant(s) detected in the proband, will NOT be reported. Name of proband tested at Ambry: _____
☐	ExomeNext-*Proband*	9993	Proband only exome sequencing
☐	ExomeNext-*Proband* plus mtDNA	9994	Proband only exome sequencing plus mtDNA sequencing

☐	ExomeNext-*Trio*	9995	Trio exome sequencing ☐ Opt-out of Candidate (novel) Genetic Etiologies
☐	ExomeNext-*Trio* plus mtDNA	9996	Trio exome sequencing plus mtDNA sequencing ☐ Opt-out of Candidate (novel) Genetic Etiologies
☐	ExomeNext-*Rapid*	9999R	☐ Opt-out of Candidate (novel) Genetic Etiologies
Must be ordered through AP*	ExomeNext-*Select*	9500	Up to 500 gene custom exome sequencing test

**AP is AmbryPort, our online portal ambrygen.com/ap*

If ordering ExomeNext/ExomeNext-Rapid, please complete:
Secondary Findings Report: Check below to opt-out of the ACMG Recommended List of secondary findings. If left unchecked, secondary findings will be reported. Secondary findings are not available for ExomeNext-Select orders.
☐ Opt-out: I choose to decline the ACMG Recommended List of secondary findings

ENDOCRINOLOGY

☐	Hereditary leiomyomatosis renal cell carcinoma	6301	*FH*
☐	Maturity-onset diabetes of the young	8310	*HNF1A, HNF4A, HNF1B, GCK, PDX1*
☐	Multiple endocrine neoplasia type I	2646	*MEN1*

☐	Multiple endocrine neoplasia type 2 and familial medullary thyroid cancer (FMTC)	2680	*RET* gene sequence
☐	Neurofibromatosis type 1	5704	*NF1*
☐	PGLNext	5504	12 gene PGL/PCC test
☐	von-Hippel Lindau disease	2606	*VHL*

GASTROENTEROLOGY

☐	*CFTR* gene sequence and deletion/duplication analysis	1007	☐ Report poly T/TG status
☐	Hirschsprung disease (*RET*-related)	2680	*RET* gene sequence

☐	Juvenile polyposis syndrome	8604	*BMPR1A, SMAD4*
☐	Pancreatitis	8022	*PRSS1, SPINK1, CFTR, CTRC*
☐	Peutz-Jeghers syndrome	2766	*STK11*

HEMATOLOGY/ONCOLOGY

☐	DBANext	8550	11 genes for Diamond-Blackfan anemia
☐	DCNext	8161	7 genes for dyskeratosis congenita

☐	Shwachman-Diamond syndrome	1440	*SBDS*

MULTIPLE CONGENITAL ANOMALIES

☐	CHARGE syndrome	2380	*CHD7*
☐	CdLSNext - Cornelia de Lange syndrome	7040	*NIPBL, SMC1A, HDAC8, RAD21, SMC3*

☐	Noonan syndrome	8402	*PTPN11, SOS1, KRAS, RAF1*

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NEUROLOGY

Check to order	Test Name	Test Code	Description
Comprehensive Neuro Testing			
☐	CustomNext-*Neuro*	9540	Up to 196 gene custom neurology test. ☐ Check if parental samples are included
Epilepsy			
☐	EpiRapid ***blood only, no saliva***	7033	16 epilepsy genes with treatment associations
☐	EpiRapid reflex to EpilepsyNext ***blood only, no saliva***	7034	16 epilepsy genes with treatment associations, reflex to 100 genes for epilepsy
☐	EpiFirst-*Fever*	7011	13 genes for febrile seizures ☐ Check if parental samples are included
☐	EpiFirst-*Focal*	7017	11 gene for non-lesional focal epilepsy ☐ Check if parental samples are included
☐	EpiFirst-*IS*	7013	17 genes for infantile spasms ☐ Check if parental samples are included
☐	EpilepsyNext	7019	100 genes for epilepsy ☐ Check if parental samples are included
Hereditary Neuropathy			
☐	Familial transthyretin amyloidosis	1560	*TTR*
Migraine			
☐	Familial hemiplegic migraine	7035	*ATP1A2, CACNA1A, PRRT2, SCN1A* ☐ Check if parental samples are included

Check to order	Test Name	Test Code	Description
Neurodevelopmental Disorders			
☐	AutismNext	7024	48 genes for syndromic and non-syndromic autism spectrum disorders ☐ Check if parental samples are included
☐	Autism, macrocephaly	2106	*PTEN*
☐	Fragile X syndrome	4544	*FMR1* repeat expansion analysis and methylation studies
☐	IDNext	7027	140 genes for syndromic and non-syndromic intellectual disability ☐ Check if parental samples are included
☐	Neurodevelopment-*Expanded*	7028	196 genes for intellectual disability, autism spectrum disorders, and epilepsy ☐ Check if parental samples are included
☐	Rett syndrome	2026	*MECP2*
Neurocutaneous/Neuro-Oncology Disorders			
☐	Ataxia-telangiectasia	9014	*ATM*
☐	BrainTumorNext	8847	27 genes for brain tumors
☐	HHTNext	8672	*ACVRL1, ENG, SMAD4, GDF2, RASA1*
☐	Legius syndrome	5724	*SPRED1*
☐	Li-Fraumeni syndrome	2866	*TP53*
☐	Neurofibromatosis 1	5704	*NF1*
☐	Neurofibromatosis 2	9024	*NF2*
☐	Nevoid basal cell carcinoma syndrome/ Gorlin syndrome	5684	*PTCH1*
☐	Tuberous sclerosis complex	5904	*TSC1, TSC2*
☐	von Hippel-Lindau disease	2606	*VHL*

PULMONOLOGY

Check to order	Test Name	Test Code	Description
Congenital Central Hypoventilation Syndrome			
☐	Congenital central hypoventilation syndrome	1580	*PHOX2B* gene sequence
Cystic Fibrosis			
☐	508 FIRST	1002	*CFTR* deltaF508 mutation analysis with reflex to *CFTR* gene sequence and deletion/duplication ☐ Report poly T/TG status
☐	*CFTR* gene sequence and deletion/duplication analysis	1007	☐ Report poly T/TG status

Check to order	Test Name	Test Code	Description
Primary Ciliary Dyskinesia			
☐	PCDNext	8122	21 genes for primary ciliary dyskinesia ☐ Report poly T/TG status
Pulmonary Fibrosis			
☐	Telomere-related pulmonary fibrosis	8140	*TERT, TERC*
Respiratory Distress Syndrome			
☐	Surfactant dysfunction (respiratory distress syndrome)	8100	*ABCA3, SFTPB, SFTPC* gene sequence

RHEUMATOLOGY

☐	Familial Mediterranean fever	5000	*MEFV*

VASCULAR

Check to order	Test Name	Test Code	Description
☐	EDS IV reflex to TAADNext	8791	*COL3A1* reflex to TAADNext
☐	Ehlers-Danlos type IV, vascular type	8790	*COL3A1*
☐	HHTNext	8672	*ACVRL1, ENG, SMAD4, GDF2, RASA1*

Check to order	Test Name	Test Code	Description
☐	Marfan syndrome (MFS)	8781	*FBN1*
☐	MFS reflex to TAADNext	8783	*FBN1* reflex to TAADNext
☐	TAADNext	8789	22 genes for thoracic aortic aneurysms

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

FOR PRENATAL SPECIMENS OR CORD BLOOD: MATERNAL CELL CONTAMINATION (Both test codes required for fetal specimens)

☐ 1260 MCC for fetal specimen or cord blood (run concurrently with test) ☐ 1262 MCC Reference for maternal blood sample (No Charge)

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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 68 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, NTHL1, 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*