

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	Zip	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Portuguese <input type="checkbox"/> Other:
SPECIMEN INFORMATION* (For phlebotomy service, select all services you are requesting)					
Type(s) <input type="checkbox"/> Blood (EDTA preferred) <input type="checkbox"/> Saliva <input type="checkbox"/> DNA <input type="checkbox"/> Other:			<input type="checkbox"/> 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.					
Phlebotomy Services Request: <input type="checkbox"/> Phlebotomy draw <input type="checkbox"/> Insurance preverification first <input type="checkbox"/> Send kit to patient*					
*As the patient's clinician, I am unaware of any potential for complication or difficulty in drawing blood for the listed patient(s). I understand that the phlebotomist has full authority to refuse to draw any patient if the safety of the phlebotomist and/or patient(s) are in question.					
ORDERING LICENSED PROVIDER/SENDING FACILITY (Each listed person will receive a copy of the report)					
Facility Name (Facility Code)	Address	City	State/Country	Zip	Phone
Ordering Licensed Provider Name (Last, First)(Code)	NPI#	Phone	Fax/Email		
ADDITIONAL RESULTS RECIPIENTS					
Genetic Counselor or Other Medical Provider Name (Last, First) (Code)		Phone/Fax/Email			
Genetic Counselor or Other Medical Provider Name (Last, First) (Code)		Phone/Fax/Email			
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, Informed DNA (unless otherwise noted), as required by the patient's insurance provider (unless this box is checked <input type="checkbox"/>). Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity.					
Signature Required for Processing Medical Professional Signature:				Date:	
<input type="checkbox"/> INSURANCE BILLING (Include copy of both sides of insurance card)			<input type="checkbox"/> INSTITUTIONAL BILLING		
Patient Relation to Policy Holder? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Name and DOB of Policy Holder (if not self)		Facility Name	<input type="checkbox"/> Send invoice to facility address above	
Insurance Company	Policy #	HMO Auth #	Address		
Out Of Pocket: Ambry Genetics will start testing immediately. We will attempt to contact the patient if: <input type="checkbox"/> Out-of-pocket amount is greater than \$100 (default) <input type="checkbox"/> There is any out-of-pocket amount <input type="checkbox"/> Do not initiate testing until patient is contacted and approves payment terms regarding out-of-pocket Patient agrees to contact regarding out-of-pocket amount by: <input type="checkbox"/> Email <input type="checkbox"/> Phone (includes texts) - confirm mobile # _____			Contact Name		
<input type="checkbox"/> GRATIS (Check for pre-approved gratis testing)			Phone Number	E-mail/Fax	
			<input type="checkbox"/> PATIENT PAYMENT		<input type="checkbox"/> Check (Payable to Ambry Genetics) <input type="checkbox"/> Credit Card (Call 949-900-5795)
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 financially responsible for any amounts not covered by my insurer and responsible for sending Ambry money received from my health insurance company. For patient payment by credit card: I hereby authorize Ambry Genetics Corporation to bill my credit card as indicated above. In order to expedite consideration for eligibility for Ambry's Patient Assistance Program, please provide the total annual gross household income: \$ _____ and the number of family members in the household supported by the listed income: _____. 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.					
FOR NY RESIDENTS:					
<input type="checkbox"/> 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".					
Signature Required For Insurance/Self-Pay Patients and NY Sample Storage Consent:				Date:	

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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.

INSURANCE ORDERING CHECKLIST
<input type="checkbox"/> Clinic notes (with pedigree if available)
<input type="checkbox"/> ICD-10 code(s)
<input type="checkbox"/> Clinician & patient signatures
<input type="checkbox"/> Insurer-specific forms (i.e. ABN), if applicable
<input type="checkbox"/> Front/back copy of insurance card(s)

For multiple tests, testing will be run concurrently (initiated at the same time) unless otherwise specified. For reflexive testing (second test starts pending first test outcome), 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, and the second test will be cancelled; all other findings will automatically reflex (including VUS).

MULTI-GENE ORDERS				
For multi-gene orders, first select which of the following conditions is clinically indicated based on the patient's personal and/or family history:				
<input type="checkbox"/>	Adenomatous polyposis (APC/MUTYH)	<input type="checkbox"/>	BrainTumorNext	8847 27 gene brain tumor test ²
<input type="checkbox"/>	Hereditary breast and ovarian cancer (BRCA1/2)	<input type="checkbox"/>	BRCAPlus	8836 8 gene breast cancer test ¹
<input type="checkbox"/>	Lynch syndrome/HNPCC (MLH1, MSH2, MSH6, PMS2, EPCAM)	<input type="checkbox"/>	BreastNext	8820 17 gene breast cancer test ¹
<input type="checkbox"/>	Testing is clinically indicated for other gene(s):	<input type="checkbox"/>	CancerNext	8824 34 gene cancer test ^{1,2,3}
<input type="checkbox"/>	None of the above	<input type="checkbox"/>	CancerNext-Expanded	8874 67 gene cancer test ^{1,2,3}
To complete your multi-gene order, please select a test option to the right. (See supplemental information on page 4 for details).				
¹ If you selected BRCA1/2, one of these multi-gene reports may be requested.				
² If you selected Lynch, one of these multi-gene reports may be requested.				
³ If you selected APC and MUTYH, one of these multi-gene reports may be requested.				
*Required: completed CustomNext-Cancer supplemental form. ambrygen.com/forms				
<input type="checkbox"/>		<input type="checkbox"/>	ColoNext	8822 17 gene colorectal cancer test ^{2,3}
		<input type="checkbox"/>	CustomNext-Cancer	9510 up to 68 gene custom test*
		<input type="checkbox"/>	GYNplus	8835 13 gene ovarian/uterine cancer test ^{1,2}
		<input type="checkbox"/>	MelanomaNext	8849 8 gene melanoma test ¹
		<input type="checkbox"/>	OvaNext	8830 25 gene ovarian/breast/uterine cancer test ^{1,2}
		<input type="checkbox"/>	PancNext	8042 13 gene pancreatic cancer test ^{1,2}
		<input type="checkbox"/>	Pancreatitis panel	8022 4 gene pancreatitis test
		<input type="checkbox"/>	PGLNext	5504 12 gene PGL/PCC test
		<input type="checkbox"/>	ProstateNext	8845 14 gene prostate cancer test ^{1,2}
		<input type="checkbox"/>	RenalNext	5900 19 gene renal cancer test ²

SINGLE SYNDROME ORDERS							
Check to order	Test Name	Test Code	Description	Check to order	Test Name	Test Code	Description
Hereditary Breast and/or Ovarian Cancer				Genitourinary Cancer			
<input type="checkbox"/>	ATM	9014	Ataxia-telangiectasia	<input type="checkbox"/>	BAP1	9044	
<input type="checkbox"/>	BRCA1/2	8838	Hereditary breast and ovarian cancer	<input type="checkbox"/>	FH	6301	Hereditary leiomyomatosis and renal cell cancer
<input type="checkbox"/>	BRCA1/2 Ashkenazi Jewish 3-site mutation panel	5892		<input type="checkbox"/>	FLCN	5921	Birt-Hogg-Dubé syndrome
<input type="checkbox"/>	BRCA1/2 Ashkenazi Jewish 3-site mutation panel with reflex to BRCA1/2 analysis if negative	5894		<input type="checkbox"/>	VHL	2606	Von-Hippel Lindau disease
<input type="checkbox"/>	CHEK2	9016		<input type="checkbox"/>	TSC1 and TSC2	5904	Tuberous sclerosis complex
<input type="checkbox"/>	DICER1	5260		Endocrine Tumors			
<input type="checkbox"/>	PALB2	2366		<input type="checkbox"/>	MEN1	2646	Multiple endocrine neoplasia type 1
<input type="checkbox"/>	PTEN	2106	PTEN-related disorders (including Cowden syndrome)	<input type="checkbox"/>	RET gene sequence	2680	Multiple endocrine neoplasia type 2
<input type="checkbox"/>	TP53	2866	Li-Fraumeni syndrome	Skin Cancer/Melanoma			
Gastrointestinal Cancer**				<input type="checkbox"/>	CDKN2A and CDK4 concurrent	4708	Familial atypical multiple mole melanoma (FAMMM)
<input type="checkbox"/>	APC	3040	Familial adenomatous polyposis	<input type="checkbox"/>	PTCH1	5684	Gorlin syndrome
<input type="checkbox"/>	APC and MUTYH	8726	Adenomatous polyposis	Other Hereditary Cancer Testing			
<input type="checkbox"/>	BMPR1A and SMAD4	8604	Juvenile polyposis syndrome	<input type="checkbox"/>	NF1	5704	Neurofibromatosis type 1
<input type="checkbox"/>	CDH1	4726	Hereditary diffuse gastric cancer	<input type="checkbox"/>	NF2	9024	Neurofibromatosis type 2
<input type="checkbox"/>	EPCAM del/dup	8519	Lynch syndrome	<input type="checkbox"/>	RB1	5426	Hereditary retinoblastoma
<input type="checkbox"/>	Lynch syndrome	8517	MLH1, MSH2, MSH6, PMS2 + EPCAM del/dup	<input type="checkbox"/>	SMARCB1	7180	Schwannomatosis
<input type="checkbox"/>	Lynch syndrome (sequential)	8515	Step 1: MLH1, MSH2, and MSH6 + EPCAM del/dup; Step 2: PMS2	Other Orders			
<input type="checkbox"/>	MLH1	8508	Lynch syndrome	<input type="checkbox"/>	Please visit ambrygen.com for a list of available tests.		
<input type="checkbox"/>	MSH2 + EPCAM del/dup	8510	Includes MSH2 inversion	Test Code(s): _____ Gene/Test Name(s): _____			
<input type="checkbox"/>	MSH2 inversion	2226	Lynch syndrome	SINGLE SITE ANALYSIS (Please include a copy of relative's report)			
<input type="checkbox"/>	MSH6	8512	Lynch syndrome	Gene(s): _____ Mutation(s): _____			
<input type="checkbox"/>	MUTYH	4661	MUTYH-associated polyposis	Relative Name: _____			
<input type="checkbox"/>	PMS2	4646	Lynch syndrome	Relationship to Relative: _____ Accession # (if tested at Ambry): _____			
<input type="checkbox"/>	STK11	2766	Peutz-Jeghers syndrome	Positive control sample: <input type="checkbox"/> will be provided <input type="checkbox"/> already at Ambry <input type="checkbox"/> not available			

**If patient has Medicare and only Lynch is being ordered, please order 8515

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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, PRKARIA, 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, PRKARIA, 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, PRKARIA, 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, 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

Updated Ordering Process (as of June 8, 2016)

We have improved the ordering and reporting process for our hereditary cancer panels. This helps confirm that testing for one or more of the following genes is clinically indicated: APC, BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, MUTYH, and PMS2.

If you are ordering a multi-gene test, please first select a clinically indicated condition and complete your order by selecting a multi-gene order.

Please indicate if your patient meets clinical and/or insurance testing criteria, or if the testing is otherwise clinically indicated for one or more of the following conditions:

- Adenomatous polyposis (APC/MUTYH)
- Hereditary breast and ovarian cancer (BRCA1/2)
- Lynch syndrome/HNPCC (MLH1, MSH2, MSH6, PMS2, EPCAM)

If testing is not clinically indicated for your patient for any of the listed options, please either fill in the other gene(s) option or select "none of the above".

To complete your multi-gene order, please select one of the appropriate test options and/or select "other" and enter an appropriate test code(s)/test name(s).

For single gene orders, please select the appropriate test option or enter the gene(s) and/or test name(s), as well as the relevant test code in the single gene orders section.

For additional details about our single gene testing options, please visit ambrygen.com/hereditary-cancer-single-gene-tests.

Example: For a ColoNext multi-gene order, when Lynch testing is clinically indicated for the patient

CANCER				
Multi-Gene Orders				
For multi-gene orders, first select which of the following conditions is clinically indicated based on the patient's personal and/or family history: <input type="checkbox"/> Adenomatous polyposis (APC/MUTYH) <input type="checkbox"/> Hereditary breast and ovarian cancer (BRCA1/2) <input checked="" type="checkbox"/> Lynch syndrome/HNPCC (MLH1, MSH2, MSH6, PMS2, EPCAM) <input type="checkbox"/> Testing is clinically indicated for other gene(s): <input type="checkbox"/> None of the above To complete your multi-gene order , please select a test option to the right. (See supplemental information on page 7 for details).	<input type="checkbox"/>	BrainTumorNext	8847	27 gene brain tumor test ²
	<input type="checkbox"/>	BRCAPlus	8836	8 gene breast cancer test ¹
	<input type="checkbox"/>	BreastNext	8820	17 gene breast cancer test ¹
	<input type="checkbox"/>	CancerNext	8824	34 gene cancer test ^{1,2,3}
	<input type="checkbox"/>	CancerNext-Expanded	8874	67 gene cancer test ^{1,2,3}
	<input checked="" type="checkbox"/>	ColoNext	8822	17 gene colorectal cancer test ^{2,3}
	<input type="checkbox"/>	CustomNext-Cancer	9510	Up to 68 gene custom test [*]
	<input type="checkbox"/>	GYNplus	8835	13 gene ovarian/uterine cancer test ^{1,2}
	<input type="checkbox"/>	MelanomaNext	8849	8 gene melanoma test ¹
	<input type="checkbox"/>	OvaNext	8830	25 gene ovarian/breast/uterine cancer test ^{1,2}
	<input type="checkbox"/>	PancNext	8042	13 gene pancreatic cancer test ^{1,2}
	<input type="checkbox"/>	Pancreatitis panel	8022	4 gene pancreatitis test
	<input type="checkbox"/>	PGLNext	5504	12 gene PGL/PCC test
	<input type="checkbox"/>	ProstateNext	8845	14 gene prostate cancer test ^{1,2}
	<input type="checkbox"/>	RenalNext	5900	19 gene renal cancer test ²

¹ If you selected BRCA1/2, one of these multi-gene reports may be requested.

² If you selected Lynch, one of these multi-gene reports may be requested.

³ If you selected APC and MUTYH, one of these multi-gene reports may be requested.

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