

## CustomNext-Cancer (9510) or Reaccessioning (9510-A) SUPPLEMENTAL ORDERING FORM

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

CUSTOMIZE YOUR PANEL
<p>To create your own panel, add all desired genes below <b>OR</b> select a multi-gene test and add or remove all desired genes below:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> BrainTumorNext: 27 gene brain tumor test  <input type="checkbox"/> BRCAplus: 8 gene breast cancer test  <input type="checkbox"/> BreastNext: 17 gene breast cancer test  <input type="checkbox"/> CancerNext: 34 gene cancer test  <input type="checkbox"/> CancerNext-Expanded: 67 gene cancer test  <input type="checkbox"/> ColoNext: 17 gene colorectal cancer test  <input type="checkbox"/> GYNplus: 13 gene ovarian/uterine cancer test         </div> <div style="width: 50%;"> <input type="checkbox"/> MelanomaNext: 8 gene melanoma test  <input type="checkbox"/> OvaNext: 25 gene ovarian/breast/uterine cancer test  <input type="checkbox"/> PancNext: 13 gene pancreatic cancer test  <input type="checkbox"/> PGLNext: 12 gene PGL/PCC test  <input type="checkbox"/> ProstateNext: 14 gene prostate cancer test  <input type="checkbox"/> RenalNext: 19 gene renal cancer test         </div> </div> <p style="text-align: right; font-size: small;"><i>A list of genes for each multi-gene test is available on the last page of all cancer TRFs.</i></p>

CUSTOM GENE SELECTION									
ADD	GENE	REMOVE	ADD	GENE	REMOVE	ADD	GENE	REMOVE	
<input type="checkbox"/>	AIP	<input type="checkbox"/>	<input type="checkbox"/>	MAX	<input type="checkbox"/>	<input type="checkbox"/>	RAD50	<input type="checkbox"/>	
<input type="checkbox"/>	ALK	<input type="checkbox"/>	<input type="checkbox"/>	MEN1	<input type="checkbox"/>	<input type="checkbox"/>	RAD51C	<input type="checkbox"/>	
<input type="checkbox"/>	APC	<input type="checkbox"/>	<input type="checkbox"/>	MET	<input type="checkbox"/>	<input type="checkbox"/>	RAD51D	<input type="checkbox"/>	
<input type="checkbox"/>	ATM	<input type="checkbox"/>	<input type="checkbox"/>	MITF	<input type="checkbox"/>	<input type="checkbox"/>	RET	<input type="checkbox"/>	
<input type="checkbox"/>	BAP1	<input type="checkbox"/>	<input type="checkbox"/>	MLH1	<input type="checkbox"/>	<input type="checkbox"/>	RB1	<input type="checkbox"/>	
<input type="checkbox"/>	BARD1	<input type="checkbox"/>	<input type="checkbox"/>	MRE11A	<input type="checkbox"/>	<input type="checkbox"/>	SDHA	<input type="checkbox"/>	
<input type="checkbox"/>	BLM	<input type="checkbox"/>	<input type="checkbox"/>	MSH2	<input type="checkbox"/>	<input type="checkbox"/>	SDHAF2	<input type="checkbox"/>	
<input type="checkbox"/>	BRCA1	<input type="checkbox"/>	<input type="checkbox"/>	MSH6	<input type="checkbox"/>	<input type="checkbox"/>	SDHB	<input type="checkbox"/>	
<input type="checkbox"/>	BRCA2	<input type="checkbox"/>	<input type="checkbox"/>	MUTYH	<input type="checkbox"/>	<input type="checkbox"/>	SDHC	<input type="checkbox"/>	
<input type="checkbox"/>	BRIP1	<input type="checkbox"/>	<input type="checkbox"/>	NBN	<input type="checkbox"/>	<input type="checkbox"/>	SDHD	<input type="checkbox"/>	
<input type="checkbox"/>	BMPR1A	<input type="checkbox"/>	<input type="checkbox"/>	NF1	<input type="checkbox"/>	<input type="checkbox"/>	SMAD4	<input type="checkbox"/>	
<input type="checkbox"/>	CDH1	<input type="checkbox"/>	<input type="checkbox"/>	NF2	<input type="checkbox"/>	<input type="checkbox"/>	SMARCA4	<input type="checkbox"/>	
<input type="checkbox"/>	CDK4	<input type="checkbox"/>	<input type="checkbox"/>	NTHL1	<input type="checkbox"/>	<input type="checkbox"/>	SMARCB1	<input type="checkbox"/>	
<input type="checkbox"/>	CDKN1B	<input type="checkbox"/>	<input type="checkbox"/>	PALB2	<input type="checkbox"/>	<input type="checkbox"/>	SMARCE1	<input type="checkbox"/>	
<input type="checkbox"/>	CDKN2A	<input type="checkbox"/>	<input type="checkbox"/>	PHOX2B	<input type="checkbox"/>	<input type="checkbox"/>	STK11	<input type="checkbox"/>	
<input type="checkbox"/>	CHEK2	<input type="checkbox"/>	<input type="checkbox"/>	POT1	<input type="checkbox"/>	<input type="checkbox"/>	SUFU	<input type="checkbox"/>	
<input type="checkbox"/>	DICER1	<input type="checkbox"/>	<input type="checkbox"/>	PMS2	<input type="checkbox"/>	<input type="checkbox"/>	TMEM127	<input type="checkbox"/>	
<input type="checkbox"/>	EPCAM	<input type="checkbox"/>	<input type="checkbox"/>	POLD1	<input type="checkbox"/>	<input type="checkbox"/>	TP53	<input type="checkbox"/>	
<input type="checkbox"/>	FANCC	<input type="checkbox"/>	<input type="checkbox"/>	POLE	<input type="checkbox"/>	<input type="checkbox"/>	TSC1	<input type="checkbox"/>	
<input type="checkbox"/>	FH	<input type="checkbox"/>	<input type="checkbox"/>	PRKAR1A	<input type="checkbox"/>	<input type="checkbox"/>	TSC2	<input type="checkbox"/>	
<input type="checkbox"/>	FLCN	<input type="checkbox"/>	<input type="checkbox"/>	PTCH1	<input type="checkbox"/>	<input type="checkbox"/>	VHL	<input type="checkbox"/>	
<input type="checkbox"/>	GALNT12	<input type="checkbox"/>	<input type="checkbox"/>	PTEN	<input type="checkbox"/>	<input type="checkbox"/>	XRCC2	<input type="checkbox"/>	
<input type="checkbox"/>	GREM1	<input type="checkbox"/>	<b>Total Gene Count</b> (REQUIRED include total number of genes on your CustomNext-Cancer panel): _____						<input type="checkbox"/>
<input type="checkbox"/>	HOXB13	<input type="checkbox"/>							<input type="checkbox"/>

REFLEX OPTIONS
<input type="checkbox"/> CustomNext-Cancer (9510) reflex to Test Code: _____ Test Name: _____ <b>OR</b> <input type="checkbox"/> Gene Panel Test Code: _____ Test Name: _____ reflex to CustomNext-Cancer (9510)

RE-REQUISITIONING ORDERS (Available within 60 days of original report date for any of the multi-gene panels listed above)
Accession #: _____ Previously reported hereditary cancer panel: _____ <input type="checkbox"/> (9510-A) Add the gene(s) selected above to the previously-reported panel for this patient  Medical Professional Signature: _____ Date: _____ Medical Professional Name (Print): _____