

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 OR 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 <input type="checkbox"/> CustomNext-Cancer: Add all 81 genes listed below </div> </div> <p><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 | ADD | GENE | REMOVE |
| <input type="checkbox"/> | AIP | <input type="checkbox"/> | <input type="checkbox"/> | FLCN | <input type="checkbox"/> | <input type="checkbox"/> | POT1 | <input type="checkbox"/> | <input type="checkbox"/> | SUFU | <input type="checkbox"/> |
| <input type="checkbox"/> | ALK | <input type="checkbox"/> | <input type="checkbox"/> | GALNT12 | <input type="checkbox"/> | <input type="checkbox"/> | PMS2 | <input type="checkbox"/> | <input type="checkbox"/> | TMEM127 | <input type="checkbox"/> |
| <input type="checkbox"/> | APC | <input type="checkbox"/> | <input type="checkbox"/> | GREM1 | <input type="checkbox"/> | <input type="checkbox"/> | POLD1 | <input type="checkbox"/> | <input type="checkbox"/> | TP53 | <input type="checkbox"/> |
| <input type="checkbox"/> | ATM | <input type="checkbox"/> | <input type="checkbox"/> | HOXB13 | <input type="checkbox"/> | <input type="checkbox"/> | POLE | <input type="checkbox"/> | <input type="checkbox"/> | TSC1 | <input type="checkbox"/> |
| <input type="checkbox"/> | AXIN2 | <input type="checkbox"/> | <input type="checkbox"/> | KIT | <input type="checkbox"/> | <input type="checkbox"/> | PRKAR1A | <input type="checkbox"/> | <input type="checkbox"/> | TSC2 | <input type="checkbox"/> |
| <input type="checkbox"/> | BAP1 | <input type="checkbox"/> | <input type="checkbox"/> | MAX | <input type="checkbox"/> | <input type="checkbox"/> | PTCH1 | <input type="checkbox"/> | <input type="checkbox"/> | VHL | <input type="checkbox"/> |
| <input type="checkbox"/> | BARD1 | <input type="checkbox"/> | <input type="checkbox"/> | MEN1 | <input type="checkbox"/> | <input type="checkbox"/> | PTEN | <input type="checkbox"/> | <input type="checkbox"/> | XRCC2 | <input type="checkbox"/> |
| <input type="checkbox"/> | BLM | <input type="checkbox"/> | <input type="checkbox"/> | MET | <input type="checkbox"/> | <input type="checkbox"/> | RAD50 | <input type="checkbox"/> | PANCREATITIS GENES | | |
| <input type="checkbox"/> | BRCA1 | <input type="checkbox"/> | <input type="checkbox"/> | MITF | <input type="checkbox"/> | <input type="checkbox"/> | RAD51C | <input type="checkbox"/> | ADD | GENE | REMOVE |
| <input type="checkbox"/> | BRCA2 | <input type="checkbox"/> | <input type="checkbox"/> | MLH1 | <input type="checkbox"/> | <input type="checkbox"/> | RAD51D | <input type="checkbox"/> | <input type="checkbox"/> | CASR | <input type="checkbox"/> |
| <input type="checkbox"/> | BRIP1 | <input type="checkbox"/> | <input type="checkbox"/> | MRE11A | <input type="checkbox"/> | <input type="checkbox"/> | RET | <input type="checkbox"/> | <input type="checkbox"/> | CPA1 | <input type="checkbox"/> |
| <input type="checkbox"/> | BMPR1A | <input type="checkbox"/> | <input type="checkbox"/> | MSH2 | <input type="checkbox"/> | <input type="checkbox"/> | RB1 | <input type="checkbox"/> | <input type="checkbox"/> | CFTR | <input type="checkbox"/> |
| <input type="checkbox"/> | CDC73 | <input type="checkbox"/> | <input type="checkbox"/> | MSH3 | <input type="checkbox"/> | <input type="checkbox"/> | SDHA | <input type="checkbox"/> | <input type="checkbox"/> | CTRC | <input type="checkbox"/> |
| <input type="checkbox"/> | CDH1 | <input type="checkbox"/> | <input type="checkbox"/> | MSH6 | <input type="checkbox"/> | <input type="checkbox"/> | SDHAF2 | <input type="checkbox"/> | <input type="checkbox"/> | PRSS1 | <input type="checkbox"/> |
| <input type="checkbox"/> | CDK4 | <input type="checkbox"/> | <input type="checkbox"/> | MUTYH | <input type="checkbox"/> | <input type="checkbox"/> | SDHB | <input type="checkbox"/> | <input type="checkbox"/> | SPINK1 | <input type="checkbox"/> |
| <input type="checkbox"/> | CDKN1B | <input type="checkbox"/> | <input type="checkbox"/> | NBN | <input type="checkbox"/> | <input type="checkbox"/> | SDHC | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | CDKN2A | <input type="checkbox"/> | <input type="checkbox"/> | NF1 | <input type="checkbox"/> | <input type="checkbox"/> | SDHD | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | CHEK2 | <input type="checkbox"/> | <input type="checkbox"/> | NF2 | <input type="checkbox"/> | <input type="checkbox"/> | SMAD4 | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | CTNNA1 | <input type="checkbox"/> | <input type="checkbox"/> | NTHL1 | <input type="checkbox"/> | <input type="checkbox"/> | SMARCA4 | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | DICER1 | <input type="checkbox"/> | <input type="checkbox"/> | PALB2 | <input type="checkbox"/> | <input type="checkbox"/> | SMARCB1 | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | EGFR | <input type="checkbox"/> | <input type="checkbox"/> | PDGFRA | <input type="checkbox"/> | <input type="checkbox"/> | SMARCE1 | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | EPCAM | <input type="checkbox"/> | <input type="checkbox"/> | PHOX2B | <input type="checkbox"/> | <input type="checkbox"/> | STK11 | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | FANCC | <input type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> | FH | <input type="checkbox"/> | | | | | | | | | |
| Total Gene Count (REQUIRED include total number of genes on your CustomNext-Cancer panel): _____ | | | | | | | | | | | |

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