Cancer Test Requisition Form (Abbreviated)

COMPLETE ENTIRE FORM AND SUBMIT CLINIC NOTES/PEDIGREE TO AVOID DELAYS

Ambry Genetics®
A Konica Minolta Company
Aliso Viejo, CA 92656 USA
Toll Free: 866.262.7943 | Fax: 949.900.5501 | ambrygen.com

1. SPECIMEN INFORMATION

Collection Date

PLEASE SUBMIT THE FOLLOWING WITH THE TRF:

1. Clinic Notes 2. Pedigree 3. Insurance Card

2. PATIENT INFORMATION

Name (Last, First, MI)	Biological Sex ☐F ☐M	Date of Birth (MM/DD/YY)	MRN

Ethnicity: ☐African American ☐Asian ☐Caucasian ☐Hispanic ☐Portuguese ☐Other: Ashkenazi Jewish ☐Yes ☐No

Address	City	State	Zip

Preferred Method Of Contact	Phone	Email	Preferred Billing
☐Phone ☐Text (requires mobile phone number) ☐Email			☐Insurance* ☐Cash ☐Institutional

We will start testing immediately, unless you check the box below. We will attempt to contact you if your estimated out-of-pocket costs are > USD $100
☐Do not start testing until I approve payment terms regarding estimated out-of-pocket costs

**Copy of front/back of insurance card required. Please complete Patient Assistance Program information below, if applicable.*

3. ORDERING PROVIDER INFORMATION

Organization Name, Number	Address	City, State	Zip

Ordering Provider Name (Last, First), Ambry Number		
☐	☐	☐
☐	☐	☐
Genetic Counselor/Other Healthcare Professional Name (Last, First), Ambry Number		
☐	☐	☐

4. PATIENT CLINICAL HISTORY Attach clinic notes and/or pedigree

Personal History of Cancer ☐Yes ☐No	Age of Dx	Diagnosis Notes (cancer type, etc.)	ICD-10 Code(s)

Family History of Cancer ☐Yes ☐No	Family History Details (include relative, cancer type, and age of diagnosis)

Prior Genetic Testing, IHC, or MSI ☐Yes ☐No	Patient Testing Details	Family Members Testing Details

5. TEST ORDER

STEP 1: Select the indication for testing:

☐Hereditary breast and ovarian cancer[1] ☐Lynch[2] ☐Hereditary polyposis[3]

☐None ☐Other: _____

1. *BRCA1/2* 2. *MLH1, MSH2, MSH6, PMS2, EPCAM* 3. *APC/MUTYH*

STEP 2: Select desired test:

☐BRCAplus 8836 ☐BreastNext 8820 ☐CancerNext 8824 ☐CancerNext-*Expanded* 8874

☐ColoNext 8822 ☐OvaNext 8830 ☐ProstateNext 8845 ☐CustomNext-*Cancer* 9510

☐Other: _____

Optional: Add AmbryScore ☐Breast (Additional Supplemental Ordering Form REQUIRED) ☐Prostate

Will patient management be changed depending on the test results? ☐Yes ☐No STAT TEST: ☐Date results needed (if known): _____

Patient Signature (I agree to terms below): **Date:**

Medical Professional Signature (I agree to terms below): **Date:**

TERMS AND CONDITIONS

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 NY residents: ☐ 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".

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.

Medical Professional: 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 ☐). Furthermore, all information on this TRF is true to the best of my knowledge. My signature applies to the attached letter of medical necessity.

**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.*

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Patient Name: _____ DOB: _____

Supplemental Information

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 81 genes) Required: complete CustomNext-*Cancer* supplemental form. ambrygen.com/forms	9510	*AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CFTR, CHEK2, CPA1, CTNNA1, CTRC, DICER1, EGFR, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PRSS1, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, SPINK1, 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 (6 genes)	8022	*CASR, CFTR, CPA1, 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*

* AmbryScore for Breast is available as an add on to this panel if all of the following eligibility criteria are met:
- Female biological sex
- 18-84 years old
- Non-Ashkenazi Jewish, N. European ancestry
- No personal history of cancer (excluding non-melanoma skin cancer)
- No personal history of atypical hyperplasia or lobular carcinoma in situ (LCIS)
- No personal or family history of a mutation in a breast cancer susceptibility gene[1]

[1] *ATM, BARD1, BLM* (if tested), *BRCA1, BRCA2, BRIP1, CDH1, CHEK2, FANCC* (if tested), *MRE11A, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53*

Note: AmbryScore supplemental ordering form is required for processing

^ AmbryScore for Prostate is available as an add on to this panel if all of the following eligibility criteria are met:
- Male biological sex
- 18-84 years old
- N. European ancestry
- No personal or family history of a mutation in a prostate cancer susceptibility gene[2]

[2] *ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53*

Note: No additional ordering forms are required for processing