# Test Request Form

**TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM**

## CLINICAL INFORMATION

- Ovarian Cancer (Ovary, Fallopian Tube, Peritoneum)  
  - Age at Dx: _____  
  - Date of Biopsy or Surgery: ________________ (MM/DD/YYYY)

## TEST REQUESTED

- Myriad myChoice® CDx - Next generation sequencing-based in vitro diagnostic test that assesses the qualitative detection and classification of single nucleotide variants, insertions and deletions, and large rearrangement variants in protein coding regions and intron/exon boundaries of the **BRCA1** and **BRCA2** genes and the determination of Genomic Instability Score (GIS) which is an algorithmic measurement of Loss of Heterozygosity (LOH), Telomeric Allelic Imbalance (TAI), and Large-scale State Transitions (LST) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The results of the test are used as an aid in identifying ovarian cancer patients with positive homologous recombination deficiency (HRD) status with treatment with the approved targeted therapy for Zejula® (niraparib).

## SPECIMEN INFORMATION

- Sample Fixative:  
  - Fixed tissue  
  - Other (describe): __________  

- Tissue Type Submitted (e.g., Ovary): __________

- # of Block(s): __________  
  - # of Slide(s): __________

- Date Specimen Retrieved from Archive: __________

## SPECIMEN RETRIEVAL

- I want Myriad Genetic Laboratories, Inc. to request the specimen. (COMPLETE the information below.)

  - LOCATION OF SPECIMEN: __________
  - PHONE: __________
  - FAX: __________
  - EMAIL: __________

## AUTHORIZED SIGNATURE

- I hereby authorize testing and confirm that informed consent has been obtained, if required by state law.
- I hereby attest that the person listed in the Ordering Physician space above is authorized by law in the relevant jurisdiction to order the test(s) requested herein.

  - HEALTHCARE PROVIDER'S SIGNATURE: __________
  - DATE: __________

## BILLING/PAYMENT INFORMATION

- **OPTION 1:** PLEASE BILL INSURANCE (For Medicare patients: only available if test order date is more than 2 weeks after discharge date)

  - Include enlarged copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.

- **OPTION 2:** PATIENT PAYMENT (Please call Customer Service for questions regarding test prices or for credit card payment)

- **OPTION 3:** Other billing (To establish an account, submit billing information with this form)

  - Bill our institutional account #: __________  
  - or established research project code #: __________
  - or Authorization/Voucher #: __________
BILLING TERMS: I represent that I am covered by insurance and authorize Myriad Genetic Laboratories, Inc. (MGL) to give my designated insurance carrier, health plan, or third party administrator (collectively “Plan”) the relevant health information necessary for reimbursement. I authorize Plan benefits to be payable to MGL. I understand MGL will contact me if I will be financially responsible for any non-covered service. By agreeing to testing I also authorize Myriad to obtain a consumer credit report on me from a consumer reporting agency selected by Myriad. I understand and agree that Myriad may use my consumer credit report to confirm whether my income qualifies me for financial assistance. I further understand that this is not a credit application and will not impact my credit score. I agree to assist MGL in resolving insurance claim issues and if I don’t assist, I may be responsible for the full test cost. I permit a copy of this authorization to be used in place of the original.

NON-DISCRIMINATION: Federal law (GINA) and laws in most states prohibit discrimination regarding employment eligibility, health benefits, or health insurance premiums based solely on genetic information. Myriad Genetic Laboratories, Inc. (Myriad) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

AFFORDABILITY: Myriad Promise™
• The majority of appropriate patients pay $0
• Myriad will work with your insurance provider to help you get the appropriate coverage
• If you encounter ANY financial hardship associated with your bill, Myriad will work with you toward your complete satisfaction
• For more information please refer to the billing information at MyriadPromise.com

*Translation of Billing Terms are available in Mandarin and Spanish at MyriadPromise.com. Myriad also provides free language services to people whose primary language is not English through qualified interpreters. If you need these services, contact Customer Service at 800-469-7423,
# Test Request Form

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## PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name</strong></td>
<td>Doe, Jane T</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>123 Generic Street</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>This City</td>
</tr>
<tr>
<td><strong>Zip</strong></td>
<td>45678</td>
</tr>
</tbody>
</table>

## ORDERING PHYSICIAN

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Physician, Bob, MD</td>
</tr>
<tr>
<td><strong>HCP Account #</strong></td>
<td>2222222</td>
</tr>
</tbody>
</table>

## SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample Fixative</strong></td>
<td>Fixed tissue</td>
</tr>
<tr>
<td><strong>Tissue Type</strong></td>
<td>Ovary</td>
</tr>
<tr>
<td><strong>Date Specimen Retrieved</strong></td>
<td>10/25/2018</td>
</tr>
</tbody>
</table>

## CLINICAL INFORMATION

- **Patient** (Ovary, Fallopian Tube, Peritoneum) **Age at Dx:** 62
- **Date of Biopsy or Surgery:** 9/18/2018

## TEST REQUESTED

- **Myriad myChoice® CDx**
- Next generation sequencing-based in vitro diagnostic test that assesses the qualitative detection and classification of single nucleotide variants, insertions and deletions, and large rearrangement variants in protein coding regions and intron/exon boundaries of the BRCA1 and BRCA2 genes and the determination of Genomic Instability Score (GIS) which is an algorithmic measurement of Loss of Heterozygosity (LOH), Telomeric Allelic Imbalance (TAI), and Large-scale State Transitions (LST) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The results of the test are used as an aid in identifying ovarian cancer patients with positive homologous recombination deficiency (HRD) status with the approved targeted therapy for Zejula® (niraparib).

## FOR MEDICARE PATIENTS ONLY:

- **AT THE TIME OF BIOPSY OR SURGERY:**
  - Hospital Inpatient (>24 hour stay)
  - Discharge Date: ______________________ (MM/DD/YYYY)
  - Hospital Outpatient
  - Non-Hospital Patient

## TEST RETRIEVED

- **I want Myriad Genetic Laboratories, Inc. to request the specimen.**
- **LOCATION OF SPECIMEN**
- **PHONE**
- **FAX**
- **CONTACT NAME**

## AUTHORIZED SIGNATURE

- **I hereby authorize testing and confirm that informed consent has been obtained, if required by state law.**
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- **OPTION 2:** PATIENT PAYMENT (Please call Customer Service for questions regarding test prices or for credit card payment)
- **OPTION 3:** Other billing (To establish an account, submit billing information with this form)
  - **Bill our institutional account #:** __________________________
  - **Established research project code #:** __________________________
  - **Authorization/Voucher #:** __________________________
IMPORTANT INFORMATION FOR PATIENT*

BILLING TERMS: I represent that I am covered by insurance and authorize Myriad Genetic Laboratories, Inc. (MGL) to give my designated insurance carrier, health plan, or third party administrator (collectively “Plan”) the relevant health information necessary for reimbursement. I authorize Plan benefits to be payable to MGL. I understand MGL will contact me if I will be financially responsible for any non-covered service. By agreeing to testing I also authorize Myriad to obtain a consumer credit report on me from a consumer reporting agency selected by Myriad. I understand and agree that Myriad may use my consumer credit report to confirm whether my income qualifies me for financial assistance. I further understand that this is not a credit application and will not impact my credit score. I agree to assist MGL in resolving insurance claim issues and if I don’t assist, I may be responsible for the full test cost. I permit a copy of this authorization to be used in place of the original.

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AFFORDABILITY: Myriad Promise™

- The majority of appropriate patients pay $0
- Myriad will work with your insurance provider to help you get the appropriate coverage
- If you encounter ANY financial hardship associated with your bill, Myriad will work with you toward your complete satisfaction
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*Translation of Billing Terms are available in Mandarin and Spanish at MyriadPromise.com. Myriad also provides free language services to people whose primary language is not English through qualified interpreters. If you need these services, contact Customer Service at 800-469-7423,
Once we receive your test, Myriad will automatically replenish your kit supply. If you would like to order additional kits or have any questions about your specimen submission, please call Myriad Customer Service at 877-283-6709.

FOR TUMOR BLOCK(S):

1. Please select and label at least one formalin-fixed paraffin-embedded tumor block with a cross sectional area ≥ 25mm² that contains at least 40 microns of tumor. The block should contain at least 20% tumor by pathologic review.

2. Place each tumor block(s) into the provided plastic block holder and cover with an ice pack that has been frozen for 24 hours.

Include the Test Request Form (TRF) and Pathology Report in the kit.
1. Please select a formalin-fixed paraffin-embedded tumor block that contains at least 40 microns of tumor. The block should contain at least 20% tumor by pathologic review.

2. Cut and label one 5 micron section for H&E staining on a charged slide. Cut and label 5 micron sections on uncharged slides according to the table at right:

<table>
<thead>
<tr>
<th>Area of tumor (mm²)</th>
<th># of 5 µm unstained slides</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>8</td>
</tr>
<tr>
<td>15-19</td>
<td>12</td>
</tr>
<tr>
<td>10-14</td>
<td>16</td>
</tr>
<tr>
<td>5-9</td>
<td>20</td>
</tr>
</tbody>
</table>

3. Include Test Request Form (TRF) and Pathology report in the kit.
1. Remove the Myriad Clinical Pack Overwrap bag and the mailing label (found beneath the cardboard tray).

2. Place completed TEST REQUEST FORM with PATHOLOGY REPORT in the test kit. Please do not write the patient’s name on the test kit.

3. Close the box and place it into the Myriad Clinical Pack Overwrap bag. Affix the enclosed pre-paid mailing label onto the front of the bag.*

4. If you don’t have a regularly scheduled FedEx pickup, call 800-GO-FEDEX (800-463-3339) to request one. Press “0” and specify that you are shipping with a prepaid air bill.

Once we receive your test, Myriad will automatically replenish your kit supply. If you would like to order additional tests or have any questions about your specimen submission, please call Myriad myChoice CDx Customer Service at 1-877-283-6709.

*It is the shipper’s responsibility to ensure that the package containing a diagnostic specimen conforms to FedEx guidelines along with all applicable local, state, federal and international regulations.
CONFIDENTIAL

Myriad myChoice® CDx Test Result

ORDERING HEALTHCARE PROVIDER
Bobby Doctor PhD
The Doctor’s Place
123 Street Name
Anywhere, UT 84101

PATIENT
Pt Last Name
Pt First Name
Jan 7, 1967
Female
08000148-BLD
08000148

SPECIMEN
Specimen Type: Tissue Block
Tissue: Ovary
Surgery/Biopsy Date: Sept 22, 2019
TRF Received: Oct 1, 2019
Sample Received: Oct 1, 2019
Report Date: Oct 15, 2019

Block(s) Analyzed: UUH201912345-A, UUH201912345-B

Myriad myChoice® CDx Status: POSITIVE

Genomic Instability Status: POSITIVE

The Genomic Instability Score is a measurement of three biomarkers (loss of heterozygosity, telomeric allelic imbalance, and large-scale state transitions) associated with homologous recombination deficiency.

Tumor Mutation BRCA1/BRCA2 Status: POSITIVE FOR A CLINICALLY SIGNIFICANT MUTATION

<table>
<thead>
<tr>
<th>GENE</th>
<th>CLINICALLY SIGNIFICANT MUTATION(S)</th>
<th>INTERPRETATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRCA1</td>
<td>c.2433del (p.Lys812Argfs*3)</td>
<td>Deleterious</td>
</tr>
</tbody>
</table>

NOTE: This result represents findings from all analyzable regions. It may or may not reflect the germline status of this individual. Follow-up germline testing may be appropriate. In addition, the variants listed above may not be present in all tumor cells.

ASSAY DESCRIPTION

Intended Use: Myriad myChoice® CDx is a next generation sequencing-based in vitro diagnostic test that assesses the qualitative detection and classification of single nucleotide variants, insertions and deletions, and large rearrangement variants in protein coding regions and intron/exon boundaries of the BRCA1 and BRCA2 genes and the determination of Genomic Instability Score (GIS) which is an algorithmic measurement of Loss of Heterozygosity (LOH), Telomeric Allelic Imbalance (TAI), and Large-scale State Transitions (LST) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The results of the test are used as an aid in identifying ovarian cancer patients with positive homologous recombination deficiency (HRD) status for treatment with the targeted therapy listed in Table 1 in accordance with the approved therapeutic product labeling.

TABLE 1: Companion diagnostic indications

<table>
<thead>
<tr>
<th>TUMOR TYPE</th>
<th>BIOMARKER</th>
<th>THERAPY</th>
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<tbody>
<tr>
<td>Ovarian Cancer</td>
<td>Myriad HRD (defined as deleterious or suspected deleterious mutations in BRCA1 and BRCA2 genes and/or positive Genomic Instability Score)</td>
<td>Zejula® (niraparib)</td>
</tr>
</tbody>
</table>

This assay is for professional use only and is to be performed only at Myriad Genetic Laboratories, Inc., a single laboratory site located at 320 Wakara Way, Salt Lake City, UT 84108

This Authorized Signature pertains to this laboratory report:

Benjamin B. Roa, PhD
Diplomate ABMGG
Laboratory Director

Karla Bowles, PhD
Diplomate ABMGG
Laboratory Director

Hillary Zalaznick, MD
Diplomate FCAP
Laboratory Director
Anatomic Pathology

Myriad Genetic Laboratories, Inc. | 320 Wakara Way, Salt Lake City, Utah 84108 | PH: 877-283-6709 FX: 801-883-8998
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MGL CDxDC 0201 (rev 0)
Myriad myChoice® CDx Test Result

ORDERING HEALTHCARE PROVIDER
Bobby Doctor PhD
The Doctor's Place
123 Street Name
Anywhere, UT 84101

PATHOLOGIST
Jonny Pathologist PhD

SPECIMEN
Specimen Type: Tissue Block
Tissue: Ovary
Surgery/Biopsy Date: Sept 22, 2019
TRF Received: Oct 1, 2019
Sample Received: Oct 1, 2019
Report Date: Oct 15, 2019

Block(s) Analyzed: UUH201912345-A, UUH201912345-B

Myriad myChoice® CDx Status: NEGATIVE

Genomic Instability Status: NEGATIVE

The Genomic Instability Score is a measurement of three biomarkers (loss of heterozygosity, telomeric allelic imbalance, and large-scale state transitions) associated with homologous recombination deficiency.

Tumor Mutation BRCA1/BRCA2 Status: NEGATIVE FOR A CLINICALLY SIGNIFICANT MUTATION

ASSAY DESCRIPTION

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This Authorized Signature pertains to this laboratory report:

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Diplomate ABMGG  
Laboratory Director

Karla Bowles, PhD  
Diplomate ABMGG  
Laboratory Director

Hillary Zalaznick, MD  
Diplomate FCAP  
Laboratory Director  
Anatomic Pathology

Myriad Genetic Laboratories, Inc. | 320 Wakara Way, Salt Lake City, Utah 84108 | PH: 877-283-6709 FX: 801-883-8998  
Myriad, the Myriad logo, Myriad myChoice, and the Myriad myChoice CDx logo are either trademarks or registered trademarks of Myriad Genetics, Inc. in the United States and other jurisdictions © 2019
Once this test kit is received, Myriad will automatically replenish your kit supply. If you would like to order additional test kits or have any questions about your specimen submission, please call our dedicated Myriad myChoice CDx Customer Service at 1-877-283-6709.

Upon arrival, this specimen will be assessed for appropriate quantity and quality for the test specifications by Myriad. If Myriad is unable to complete the analysis on the specimen, you will be notified and may need to submit a new specimen for testing.

Any unused portion of the block or unused slides will be returned to you when the test is completed.

INSIDE YOU WILL FIND:
- Specimen Requirements
- Packing Instructions and specimen transportation materials including an ice pack. Please freeze this pack for 24 hours prior to shipping
- FedEx packaging and shipping label
- TRF (Test Request Form)
- A copy of the pathology report
- Specimen block* (with frozen ice-pack)
- Slides* (in provided slide box)

*See Specimen Instructions for specific tissue requirements.

To avoid delays in testing, please include the following when submitting a specimen:
- TRF (Test Request Form)
- A copy of the pathology report
- Specimen block* (with frozen ice-pack)
- Slides* (in provided slide box)
Customer: Printcraft Press
Box Name: Myriad - My Risk Box
Box Sizes: 6+3/32 x 8 x 2
CAD File: jfpmmrb_16

Printed: 07/29/2014
Stock: SBS .020

Design Side: UTAH PAPER BOX - ELECTRONIC DIE PATTERN

Please Do Not Modify Design