

Myriad Hereditary Cancer Panel Tests

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Testing for Myriad MyRisk® Hereditary Cancer

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 noncovered 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. 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.

 ${}^{\smallfrown}$ Translation of Billing Terms are available in Mandarin and Spanish at $\underline{\mathsf{myriadpromise.com}}.$ 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.

Affordability: Myriad Promise™

- . The majority of appropriate patients pay \$0
- · Myriad will work with your insurance provider to help you get the appropriate coverage
- · Myriad is committed to provide patients with access to accurate and affordable genetic results.
- · For more information please refer to the billing information at www.myriadpromise.com.

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

Sex assigned at birth is a label given to an individual at birth, typically "male" or "female"

A legal name identifies a person for legal and administrative purposes. It is recorded on a birth certificate, marriage certificate, or other government issued document that records a name change.

Test descriptions (For a full list of tests offered, visit www.mvriad.com/mvrisk)

Integrated BRACAnalysis® with Breast & Ovarian Cancer Panel (101): Analysis of BRCA1, BRCA2, ATM. CHEK2, PALB2, BARD1, TP53, CDH1, PTEN, STK11, BRIP1, RAD51C, RAD51D, MLH1, MSH2, MSH6, PMS2, and EPCAM**

us with Colorectal and Polyposis Panel (102): Analysis of APC, MUTYH, MLH1, MSH2, MSH6, PMS2, EPCAM**, POLD1***, POLE***, GREM1**, STK11, BMPR1A, CDH1, SMAD4, TP53, PTEN, and CHEK2 (For patients who meet Lynch syndrome criteria)

Colaris AP®PLUS with Colorectal and Polyposis Panel (103): Analysis of APC, MUTYH, MLH1, MSH2, MSH6, PMS2, EPCAM**, POLD1***, POLE***, GREM1**, STK11, BMPR1A, CDH1, SMAD4, TP53, PTEN, and CHEK2 (For patients who meet Polyposis criteria)

Integrated BRACAnalysis® with breast cancer panel (104): Analysis of BRCA1, BRCA2, CDH1, PTEN. TP53, ATM, CHEK2, PALB2, BARD1

Integrated BRACAnalysis® with ovarian cancer panel (105): Analysis of BRCA1, BRCA2, PALB2, EPCAM**, MLH1, MSH2, MSH6, PMS2, BRIP1, STK11, RAD51C, and RAD51D

Colaris®PLUS with colorectal cancer high-risk panel (107): Analysis of EPCAM**, MLH1, MSH2, MSH6, PMS2, APC, and MUTYH (For patients who meet Lynch syndrome criteria)

Colaris AP®PLUS with colorectal cancer high-risk panel (108): Analysis of EPCAM**, MLH1, MSH2, MSH6, PMS2, APC, and MUTYH (For patients who meet Polyposis criteria)

Integrated BRACAnalysis* with pancreatic cancer panel (111): Analysis of BRCA1, BRCA2, EPCAM**, MLH1, MSH2, MSH6, PMS2, ATM, CDKN2A, PALB2, TP53, STK11, and APC

Integrated BRACAnalysis® with HBOC & Lynch syndrome panel (112): Analysis of BRCA1, BRCA2, EPCAM**, MLH1, MSH2, MSH6, and PMS2

Multisite 3 BRACAnalysis®: Three-mutation BRCA1 and BRCA2 analysis for individuals of Ashkenazi Jewish ancestry: BRCA1 c.68_69del (p.Glu23Valfs*17) (aka BRCA1 185delAG, 187delAG); BRCA1 c.5266dupC (p.Gln1756Profs*74) (aka BRCA1 5382insC, 5385insC); BRCA2 c.5946del (p.Ser1982Argfs*22) (aka

Myriad MyRisk® Update Test**: Analysis of additional hereditary cancer genes for patients who have been tested with BRACAnalysis®, Colaris®, and/or Colaris AP®. Full BRCA1/2 duplication and deletion analysis and/or PMS2 testing will be included in the test order unless previously performed or restricted by payor criteria. When required by medical policy, MyRisk Update may be performed as a reflex with genes from the original testing excluded. For a full list of genes included on the Myriad MyRisk Update Test, please visit www.myriad.com/gene-table

Integrated BRACAnalysis® with Myriad MyRisk® Hereditary Cancer Update Test: Analysis of BRCA1 and $\ensuremath{\textit{BRCA2}}$ for susceptibility to Hereditary Breast and Ovarian Cancer syndrome with additional genes associated with hereditary cancer risk (see table below)

LUS with Myriad MyRisk® Hereditary Cancer Update Test: Analysis of MLH1, MSH2, MSH6, PMS2, MUTYH, and EPCAM** for susceptibility to Lynch syndrome, with additional genes associated with hereditary cancer risk (see table below)

Colaris AP®PLUS with Myriad MyRisk® Hereditary Cancer Update Test: Analysis of APC for susceptibility to FAP/AFAP with additional genes associated with hereditary cancer risk

Single Site Testing: Analysis of single, familial mutation

Panels & Associated Genes*	Breast & Ovarian Cancer Panel (101)	Colorectal & Polyposis Panel (102 & 103) [†]	Breast Cancer Panel (104)	Ovarian Cancer Panel (105)	Colorectal Cancer High- Risk Panel (107 & 108)^	Pancreatic Cancer Panel (111)	HBOC & Lynd Syndrome Panel (112)
BRCA1, BRCA2	•		•	•		•	•
ATM	•		•			•	
CHEK2	•	•	•				
PALB2	•		•	•		•	
TP53	•	•	•			•	
CDH1	•	•	•				
PTEN	•	•	•				
STK11	•	•				•	
BRIP1	•			•			
RAD51C, RAD51D	•			•			
MLH1, MSH2, MSH6, PMS2, EPCAM**	•	•		•	•	•	•
APC		•			•	•	
MUTYH		•			•		
BMPR1A, SMAD4		•					
GREM1**		•					
POLD1***		•					
POLE***		•					
CDK4							
CDKN2A						•	
BARD1	•		•				

- ***Exonuclease domain sequencing only.
- ^For patients who meet Lynch syndrome criteria order: Colorectal Cancer High-Risk Panel (107)
- ^For patients who meet Polyposis syndrome criteria order: Colorectal Cancer High-Risk Panel (108). †For patients who meet Lynch syndrome criteria order: Colorectal Cancer & Polyposis Panel (102).
- †For patients who meet Polyposis syndrome criteria order: Colorectal & Polyposis Panel (103).

- The majority of MyRisk™ results are completed within 14 days
- . We will notify you in the unusual event results take longer than 21 days

MyRisk™ Report includes:

- · MvRisk Genetic Result
- · RiskScore® Result
- Personalized breast cancer risk assessment based on an analysis of biomarkers combined with patient clinical and family history data
- MyRisk Management Tool
- Guideline based (NCCN, CAPS, Amsterdam, and others) cancer
- management for both positive and negative results Includes a Tyrer-Cuzick breast cancer risk estimate

Completing the test request form:

- Please include:
- Age, cancer diagnosis, ancestry, gender, and cancer family history

The MyRisk Management Tool and RiskScore may not be reported without an accurate and specific personal and family history included on the patient cancer family history in sections 7 - 11.

For the latest RiskScore® eligibility criteria, please visit Myriad's official technical specification webpage at: http://www.myriad.com/technical-specifications.

RiskScore® and Tyrer-Cuzick model will not be calculated if provider indicates that they are not appropriate for the patient by selecting the check box in section 4. Not all data collected on the TRF is incorporated into Tyrer-Cuzick or RiskScore® calculations. Some fields may be used for anonymized, internal validation studies only.

Certain payers do not cover genetic testing when Single Nucleotide Polymorphisms (SNPs) are a component of the test. For payers who do not reimburse for a hereditary cancer test due to SNP analysis inclusion, Myriad will report the MyRisk Hereditary Cancer Test without SNPs and these patients will not receive a SNP based RiskScore®

Authorization of referral to genetic counseling

In signing section 5 of the test request form, you hereby authorize Myriad to assist your patient in obtaining genetic counseling from a third-party service. The specific process will vary by third-party counseling service but in most situations the genetic counselor will be added as the healthcare provider receiving a copy of the patient's results, and also be allowed to change the test order should there be a clinical or payer-related reason to do so. You authorize the genetic counselor to facilitate the completion of any test requisition forms and/or submit any prior authorization, if necessary, on your behalf and identifying you as the ordering provider in any such forms by including your name and NPI.

Special instructions (if applicable): *Please note: some options may not be possible if an alternate is required by the patient's insurance or if the patient requests otherwise

- ☐ Expedite genetic counseling for immediate management decision
- ☐ Maintain my test as ordered
- $\hfill \square$ Allow me to review results with my patient prior to their follow-up counseling session



TITYTO											page 2 of		
Hereditary Cance	r Test												
7. Patient information (Make sure information													
Legal name (last) Legal name (first)					(r	n.i.) Birthdate (r	nm/do	d/yyyy)					
8. Ancestry													
Ancestry: (Select all that apply)	Ashkenazi	Jewish 🔲 A	sian 🗌 E	Black / African	Hispanic / Latino	Middle Easte	rn	☐ Native Ameri	can Pacific	Islander White /	Non-Hispanic		
9. Patient persona	al history	of cancer	& othe	r clinical inf	formation (Select all	that apply)							
☐ Patient has never be	en diagnosed	with cancer											
Patient has been diagnosed	d with:		Age at diagnosis	Patient is current being treated			Pathology /	other info					
Breast cancer (Primary primary dia	_	Right			□ DCIS □ Du □ Metastatic □ Lo □ High risk clinpath ⁹		PF	R status: 🗆 + 🗆 R status: 🗆 + 🗆 ER2 status: 🗆 +	Ye	- ☐ Yes ☐ No ☐ N/A or ina			
☐ Breast cancer (Second primary diag		Right			☐ DCIS ☐ Du ☐ Metastatic ☐ Lo ☐ High risk clinpath ³		PF	R status: □ + □ R status: □ + □ ER2 status: □ +	Ye	t/PR+, previous endoc es □ No □ N/A o ious chemotherapy: [or inappropriate		
■ Endometrial cancer	- not sarcoma	а				☐ Tumor MSI-high or IHC abnormal - result: ☐ Tumor not available for MSI or IHC testing							
Ovarian cancer (Select a Ovary Fallopian tube Peritoneum (cul-de-s mesocolon, omentum	Left Left sac, mesenter	Right Right Right			□ Non-epithelial			Ü					
☐ Prostate cancer				Gleason score:	Gleason score: ☐ Metastatic (includes distant metastasis and regional bed/nodes) ☐ NCCN high / very high risk								
□ Colon cancer □ Rectal cancer □					Type: ☐ Mucinous ☐ Signet ring ☐ Medullary growth pattern ☐ Tumor infiltrating lymphocytes ☐ Crohn's-like lymphocytic reaction ☐ Patient's tumor is MSI-high or IHC abnormal - result: ☐ ☐ Tumor not available for MSI or IHC testing								
☐ Colon adenomas ☐ Rectal adenomas ☐					Cumulative adenoma	atous polyp #:	□1	2-5 🗆 6-9	9 🗆 10-19 [□20-99 □100+			
☐ Hematologic cancer													
Pancreatic cancer													
Other cancer				Type:									
Other cancer					Type:								
If applicable to paiten	t:%	on one of th	e Lynch sy	yndrome risk mo	odels (PREMM ₅ , MMRpro	, or MMRpred	dict)						
*High-risk is defined as either invasive breast cancer in the be chemotherapy which did not h	oreast or resecte	d lymph nodes,	or 2) hormo	ne receptor positive	e disease treated with either (
10. Family history	of cance	r			6					nsure proper insurance			
			structure Limited family history available such as fewer th				e cancer risk estimates, and optimize medical management recommendations						
□ No known family hist	I NO Known family distory of cancer		r 2nd degr	ee maternal or p	paternal relatives having li	ved beyond ag	ge 45		If relative has not been tested, why				
Relationship to patient	(mother's side)	Paternal (father's side)		ite, Gleason score rectal adenomas, i	e, or polyp type include total number)	Age at ea		Unavailable for testing	Relative is deceased	Patient has no contact with relative	Relative declines testing		
11. Breast cance	er risk mo	del inforn	nation	(Required for fen	male patients only†)								
Patient information:				1	nformation about patient's f	emale relatives:	Ot	ther information:					
Height ft: in: Weight (lbs):								Mammographic Density					
Patient's age at time of first menstrual period:					Number of daughters:		Has the patient had her breast density assessed? ☐ No ☐ Yes						
Is patient Per-menopausal Peri-menopausal								If yes, complete one of the following for the most recent assessment:					
	opausal Age			et:	Number of sisters:			Uvolpara® Volumetric Density: %					
	No							□ VAS Percentage Density: %					
	Yes: Patient's				Number of maternal aun	te	☐ BI-RADS® ATLAS Density (Select one of the following):						
Has patient ever used hor				res	(mother's sisters):	ເວ		☐ a. Almost e		∟ c. Heterog density □ d. Extreme	geneously dense		
If yes, treatment type:	Combined \square	Estrogen only	☐ Progest	terone only			-	Unknown	norogiariaulai	asilony Lau. Laudille	., 401100		
If yes, is patient a: ☐ Current user: Started years ago, intended use for more years ☐ Past user: Stopped years ago					Number of paternal aunts (father's sisters):			NOTE: Risk associated with mammographic density is not incorporated into RiskScore (v.1), nor Tyrer-Cuzick (v.7) calculations provided on the clinical report.					





Please indicate if the patient has had a breast biopsy showing one or more of the following results: \square N/A (No biopsy or none of the listed results)

 \square Hyperplasia \square Atypical hyperplasia \square LCIS \square Biopsy with unknown or pending results