

Testing Request Cover Sheet

MyRisk[®]
Hereditary Cancer Test

Myriad offers you the ability to order a MyRisk[®] Hereditary Cancer Test for a patient by following the steps outlined below.

Once you have determined that this test is appropriate and have discussed it with your patient, fill out this cover sheet and send it to us along with a completed, signed test request form (TRF) and a copy of the patient's insurance information. We will send your patient a test kit to collect a sample and begin testing.

■ Step 1: Complete Patient Details

First Name

Last Name

Phone

■ Step 2: Select Test Type

One (1) MyRisk Hereditary Cancer Test (saliva)

One (1) MyRisk Hereditary Cancer Test (blood)

One (1) BRACAnalysis CDx[®] Test (Companion Diagnostic) (blood)

■ Step 3: Submit the following items using a secure method

(e.g., secure fax or secure email)

- This Testing Request Cover Sheet
- The Test Request Form
- A copy of the patient's insurance information

Fax: 1 (801) 584-3615

Send secure email to:

Email: virtualorders@myriad.com

When sending by email, ensure reasonable safeguards, such as encrypting the email's message and attachments, to protect the patient's protected health information included in the completed test request form (TRF).

Questions? We are here to help.

800-469-7423

Customer Service: cscumments@myriad.com / **Medical Services:** helpmed@myriad.com

Myriad
genetics[®]

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