

PATIENT INFORMATION

First name	MI	Last name	Date of birth (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biological sex	MRN (medical record number)	Ancestry			
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Ashkenazi Jewish <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Pacific Islander <input type="radio"/> French Canadian <input type="radio"/> Sephardic Jewish <input type="radio"/> Mediterranean <input type="radio"/> Other: _____			
Email address (for billing contact and report access after clinician releases)			Mobile phone (for billing contact)		
<input type="text"/>			<input type="text"/>		
Address					
<input type="text"/>					
City		State/Prov	Zip/Postal code	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Ship a saliva kit to this patient (to submit this request, fax this completed requisition form to Invitae Client Services at 415-276-4164)

Ship kit to address above
 Ship kit to alternate address: _____

CLINICAL INFORMATION

Organization name			Phone	Fax	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Address		City	State/Prov	ZIP/Postal Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CLINICAL TEAM

Primary clinical contact (contact for general inquiries)

Name	NPI	Email address (for report access)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Ordering provider Same as primary clinical contact

For your convenience, we have provided multiple fields below to pre-populate your organization's provider list. For each order, indicate one ordering provider.

<input type="radio"/> Name	NPI	Email address (for report access)
<input type="radio"/> Name	NPI	Email address (for report access)
<input type="radio"/> Name	NPI	Email address (for report access)
<input type="radio"/> Name	NPI	Email address (for report access)
<input type="radio"/> Name	NPI	Email address (for report access)

Additional clinical or laboratory contacts (optional; share online access to this order with the contacts below)

Share this order with the primary clinical contact's default clinical team (establish and manage team online at www.invitae.com/signin)

Name	Email address (for report access)	Name	Email address (for report access)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Email address (for report access)	Name	Email address (for report access)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSURANCE BILLING (attach front and back of insurance card)

Attach clinical notes, medical records, and/or letter of medical necessity (LMN) to prevent delays. We do not accept insurance for certain tests or patients outside the US. www.invitae.com/billing

Policyholder name	Patient relationship to policyholder <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other: _____			Medicare insurance billing only (select one): <input type="radio"/> Patient was treated as a hospital inpatient (more than a 24 hour stay) in the last 14 days <input type="radio"/> Not a hospital patient
Primary insurance company name	Primary member ID#	Primary insurance phone	Prior-authorization #	
Secondary insurance company name	Secondary member ID#	Secondary insurance phone	Prior-authorization #	

PATIENT PAY BILLING

Invitae will send an electronic invoice to the patient email listed above. Insurance will not be billed.

INSTITUTIONAL BILLING

Invitae will send an invoice to the organization address above. Please contact Invitae if this order should be billed to a different location.

PARTNERSHIP PROGRAMS

Invitae partner code:

SPECIMEN INFORMATION

 Label each tube with the patient's full name, date of birth, and specimen collection date. A requisition form MUST accompany each specimen. www.invitae.com/specimen-requirements
Collection date (MM/DD/YYYY)
 / /

If not provided, date will be 1 day prior to our receipt of specimen.

Specimen type: Blood Saliva

We are unable to accept blood or saliva from patients with allogeneic bone marrow transplants or a blood transfusion <2 weeks prior to specimen collection.

Special cases
 History of/current hematologic malignancy Resubmission

Is this patient deceased?
 Yes No

Deceased date (MM/DD/YYYY)
 / /
Specimen ID (IB # found on tube) - optional:
**PATIENT PERSONAL HISTORY OF CANCER &
OTHER CLINICAL INFORMATION (select all that apply)**
 No personal history of cancer

Patient has been diagnosed with:	Age at diagnosis*	Additional information
<input type="radio"/> Breast cancer		<input type="radio"/> TNBC (triple negative breast cancer: ER-, PR-, Her2-) <input type="radio"/> DCIS (ductal carcinoma in situ) <input type="radio"/> IDC (invasive ductal carcinoma) <input type="radio"/> ILC (invasive lobular carcinoma) <input type="radio"/> Bilateral (two separate breast primaries)
<input type="radio"/> Endometrial/uterine cancer		<input type="radio"/> Tumor is MSI-high or IHC abnormal Result: _____
<input type="radio"/> Ovarian/Fallopian tube/primary peritoneal cancer		
<input type="radio"/> Prostate cancer		<input type="radio"/> Metastatic Gleason score: _____
<input type="radio"/> Pancreatic cancer		
<input type="radio"/> Colon/rectal cancer		<input type="radio"/> Tumor is MSI-high or IHC abnormal Result: _____
<input type="radio"/> Colon/rectal polyps		Cumulative polyp #: <input type="radio"/> 1-9 <input type="radio"/> 10-19 <input type="radio"/> 20-99 <input type="radio"/> 100+ Pathology: _____
<input type="radio"/> Other cancer		Type: _____

Check if applicable to patient:

 _____% on one of the Lynch syndrome risk models (PREMM1,2,6, MMRpro, or MMRpredict)

 Bone marrow transplant recipient

**FAMILY HISTORY OF CANCER
(select all that apply)**
 No known family history of cancer

 Limited family structure (fewer than two 1st- or 2nd-degree female relatives surviving beyond 45 years of age in either lineage)

 Patient is adopted

Relationship to patient	Maternal	Paternal	Cancer site	Age at diagnosis*
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		

PREVIOUS RESULTS

ICD-10 CODES

* Or first diagnosis if bilateral

 To request a complimentary specimen collection kit visit
www.invitae.com/request-a-kit
SHIPPING INSTRUCTIONS

Please ship specimen overnight in insulated containers:

Attn: Invitae Client Services, 1400 16th Street, San Francisco, CA 94103, USA

By signing this form, the medical professional acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in Invitae's Informed Consent for Genetic Testing (www.invitae.com/patient-consent), has been informed that Invitae may notify them of clinical updates related to genetic test results (in consultation with the ordering medical professional as indicated), and for orders originating outside the US, has been informed that the Patient's personal information and specimen will be transferred to and processed in the US. The Patient has further been informed and authorizes Invitae Corporation ("Invitae") and its designees to release information concerning testing to their insurer, if applicable, in order to process and/or appeal claims on behalf of the Patient. If a letter of medical necessity (LMN) has not been provided, the medical professional agrees to allow Invitae to transfer the information from this requisition to a LMN and/or other documentation using the medical professional's name as the signature for insurance billing. For amounts received directly, the Patient has agreed to remit payment to Invitae for testing services rendered. I acknowledge that I offered pre-test genetic counseling to the Patient, if required by their insurer. In addition to the above, I attest that I am the ordering physician, or I am authorized by the ordering physician to order this test, or I am authorized under applicable law to order this test.

Medical professional signature
Date

HEREDITARY CANCER SIMPLIFIED TEST CATALOG

All tests on this form fall into a single clinical area. If your order contains tests from multiple clinical areas, you will need to send in two sample tubes and your order will represent two billable events. Your test results will be delivered as two reports. Contact Client Services with questions. For Invitae's full test menu, visit www.invitae.com.

INSTRUCTIONS: Indicate your test selection below. Test IDs containing add-on codes will include the genes in both the original test code as well as the add-on code.

Test code	Test name	# gene(s)	Gene list
STAT Turnaround Time			
SPECIAL INSTRUCTIONS FOR STAT PANELS: These panels have a guaranteed turnaround time of 5–12 calendar days from when the specimen is received. Genes cannot be removed and they cannot be ordered with any other non-STAT panels or genes. The option to re-requisition additional genes is available. Only blood and saliva are accepted (DNA is not accepted).			
<input type="radio"/> 50001	Invitae Breast Cancer STAT Panel	7	BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11, TP53
<input type="radio"/> 50001.1	Add-on ATM gene	1	ATM
<input type="radio"/> 50001.2	Add-on CHEK2 gene	1	CHEK2
<input type="radio"/> 50002	Invitae BRCA1 and BRCA2 STAT Panel	2	BRCA1, BRCA2

Test code	Test name	# gene(s)	Gene list
Frequently Ordered Hereditary Cancer Panels			
<input type="radio"/> 01101	Invitae Multi-Cancer Panel <input type="checkbox"/> Reflex to this panel <input type="radio"/> Regardless of initial results <input type="radio"/> Only if negative (no pathogenic/likely pathogenic results)	84	AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CEBPA, CHEK2, CTNNA1, DICER1, DIS3L2, EGFR, EPCAM, FH, FLCN, GATA2, GPC3, GREM1, HOXB13, HRAS, KIT, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RECQL4, RET, RUNX1, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TERC, TERT, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1
<input type="radio"/> 01102	Invitae Common Hereditary Cancers Panel <input type="checkbox"/> Reflex to this panel <input type="radio"/> Regardless of initial results <input type="radio"/> Only if negative (no pathogenic/likely pathogenic results)	47	APC, ATM, AXIN2, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, CTNNA1, DICER1, EPCAM, GREM1, HOXB13, KIT, MEN1, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, PTEN, RAD50, RAD51C, RAD51D, SDHA, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TP53, TSC1, TSC2, VHL
<input type="radio"/> 01206	Invitae Breast Cancer Guidelines-Based Panel <input type="radio"/> 01206.1 Add-on gene with emerging data	11	ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53
<input type="radio"/> 01204	Invitae Breast and Gyn Cancers Guidelines-Based Panel <input type="radio"/> 01204.1 Add-on gene with emerging data	19	ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
<input type="radio"/> 01252	Invitae Colorectal Cancer Guidelines-Based Panel <input type="radio"/> 01252.1 Add-on gene with emerging data	19	APC, AXIN2, BMPR1A, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
<input type="radio"/> 01701	Invitae Hereditary Breast and Ovarian Cancer Syndrome Panel	2	BRCA1, BRCA2
<input type="radio"/> 01702	Invitae Lynch Syndrome Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2

HEREDITARY CANCER SIMPLIFIED INDIVIDUAL GENES

<input type="radio"/> APC	<input type="radio"/> BRCA1	<input type="radio"/> CHEK2	<input type="radio"/> HOXB13	<input type="radio"/> MSH6	<input type="radio"/> PDGFRA	<input type="radio"/> RAD50	<input type="radio"/> SDHB	<input type="radio"/> STK11
<input type="radio"/> ATM	<input type="radio"/> BRCA2	<input type="radio"/> CTNNA1	<input type="radio"/> KIT	<input type="radio"/> MUTYH	<input type="radio"/> PMS2	<input type="radio"/> RAD51C	<input type="radio"/> SDHC	<input type="radio"/> TP53
<input type="radio"/> AXIN2	<input type="radio"/> BRIP1	<input type="radio"/> DICER1	<input type="radio"/> MEN1	<input type="radio"/> NBN	<input type="radio"/> POLD1	<input type="radio"/> RAD51D	<input type="radio"/> SDHD	<input type="radio"/> TSC1
<input type="radio"/> BARD1	<input type="radio"/> CDH1	<input type="radio"/> EPCAM	<input type="radio"/> MLH1	<input type="radio"/> NF1	<input type="radio"/> POLE	<input type="radio"/> RPS20	<input type="radio"/> SMAD4	<input type="radio"/> TSC2
<input type="radio"/> BLM	<input type="radio"/> CDKN2A	<input type="radio"/> GALNT12	<input type="radio"/> MSH2	<input type="radio"/> NTHL1	<input type="radio"/> POT1	<input type="radio"/> SDHA	<input type="radio"/> SMARCA4	<input type="radio"/> VHL
<input type="radio"/> BMPR1A	<input type="radio"/> CDK4	<input type="radio"/> GREM1	<input type="radio"/> MSH3	<input type="radio"/> PALB2	<input type="radio"/> PTEN			

Invitae continually updates its panels based on the most recent evidence. Please note that if an order is placed using an older version of this form, Invitae reserves the right to upgrade any ordered panel(s) to the current version(s). To avoid confusion, please consider placing your order using our online test catalog.