

**PATIENT INFORMATION**

First name		MI	Last name	
Date of birth (MM/DD/YYYY)	Sex <input type="radio"/> M <input type="radio"/> F	MRN (medical record number)		
Ancestry <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"/> Other:				
▶ Email address (for report access after release by medical professional)				
Phone		Is this patient deceased? <input type="radio"/> Yes <input type="radio"/> No Deceased date:		
Address			City	
State	ZIP code	Country		

**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](http://www.invitae.com/specimen-requirements)

Specimen type  
 Blood  Saliva  Assisted saliva  DNA - source:

*We are unable to accept blood/saliva from patients with:*  
 • Allogeneic bone marrow transplants • Blood transfusion <2 weeks prior to specimen collection

▶ Collection date (MM/DD/YYYY) Special cases  
 History of/current hematologic malignancy  
 Resubmission

**REASON FOR TESTING**

ICD-10 codes	Previous results
Diagnostic for personal history? <input type="radio"/> Yes <input type="radio"/> No If yes, describe below.	

**PRACTICE INFORMATION**

<b>Practice name and address</b>		
Institution/practice name		
Phone	Fax	
Address		City
State	ZIP code	Country
<b>Primary clinical contact</b>		
Name		Role/title
Phone		NPI
Email address (for report access)		
<b>Ordering physician</b>		
<input type="radio"/> Same as primary clinical contact		
Name		NPI
Email address (for report access)		
<b>Additional clinical or laboratory contact (optional)</b>		
Name		Email address (for report access)

**Letter of Medical Necessity (LMN)**

- I have attached an LMN and/or other documentation for insurance billing purposes.  
 I agree to allow Invitae to transfer the information from this requisition to an LMN and/or other documentation using the ordering physician's name as the signature for insurance billing.

**Family history?**  Yes  No If yes, describe in detail below or attach pedigree.  
 If there is a known familial variant, indicate here.

 **MEDICARE BILLING (U.S. ONLY)**

I have attached a copy of the patient's Medicare card & requirements (criteria checklist, patient consent, LMN; available at [www.invitae.com/billing](http://www.invitae.com/billing))

Medicare ID# Medicare is:  
 Primary payer  Secondary payer

The patient has been treated as a hospital inpatient (>24 hour stay) in the last 14 days

 **INSURANCE BILLING (U.S. ONLY)**

I have attached a copy of the patient's card

Insurance company name Member ID#

Patient relation to policy holder:  Self  Child  Spouse  Other  
 Policy holder name

 **INSTITUTIONAL BILLING**

Send invoice to practice address above

Billing contact name Phone Fax

Billing email address

Billing address City

State ZIP code Country

 **PATIENT PAY BILLING**

Invitae will send an electronic invoice to the patient email listed above

 **OTHER BILLING** Invitae study code:

**OTHER COMMENTS**

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](http://www.invitae.com/patient-consent)), and 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). The Patient has further been informed and hereby authorizes Invitae Corporation ("Invitae") and its designees to release information concerning testing to their insurer in order to process and/or appeal claims on behalf of the Patient. For amounts received directly, the Patient agrees to remit payment to Invitae for testing services rendered. 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 state law to order this test.

▶ Medical professional signature	Date
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**ORDER INSTRUCTIONS:** Select a pre-curated test, combine multiple tests, or customize your own test for each patient. Invitae's pricing is per clinical area for initial order and re-requisition. 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. Please contact Client Services with any questions. For Invitae full test menu, please visit [www.invitae.com](http://www.invitae.com).

**RE-REQUISITION:** Invitae offers one re-requisition at no additional charge within 90 days for genes within the original clinical area. For more information and to request online, please visit [www.invitae.com/re-requisition](http://www.invitae.com/re-requisition).

**FAMILY VARIANT TESTING:** Invitae offers Family Variant Testing at no additional charge within 90 days for the genes in which the original family member's variant was identified. In such cases, please use the Family Variant Testing/VUS Resolution requisition form (TRF920), available at [www.invitae.com/forms](http://www.invitae.com/forms).

**PRELIMINARY-EVIDENCE GENES:** Invitae's primary panels contain genes for which there is definitive evidence that variants in these genes cause specific diseases. Preliminary-evidence genes are genes for which there is only early evidence of a relationship between variants in these genes and specific diseases. All preliminary-evidence genes are indicated as such on the requisition form below.

**ASSAY:** Invitae is a CAP-accredited and CLIA-certified clinical diagnostic laboratory performing full-gene sequencing and deletion/duplication analysis using next-generation sequencing technology (NGS). Search for details on the analysis of any gene in our test catalog at [www.invitae.com/physician/search](http://www.invitae.com/physician/search).

*Invitae continually updates its panels based on the most recent evidence. Please note that if an order is placed using an older version of these forms, 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.*

To request a complimentary specimen collection kit visit [www.invitae.com/request-a-kit](http://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

### STAT TURNAROUND TIME PANELS

**SPECIAL INSTRUCTIONS:** 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 (see details above). Only blood and saliva are accepted (DNA is not accepted).

Test code	Test name	# gene(s)	Gene list
<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

### FREQUENTLY ORDERED HEREDITARY CANCER PANELS

<input type="radio"/> 01102	Invitae Common Hereditary Cancers Panel (Breast, Gyn, GI)	42	APC, ATM, AXIN2, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, DICER1, EPCAM, GREM1, KIT, MEN1, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PDGFRA, PMS2, POLD1, POLE, PTEN, RAD50, RAD51C, RAD51D, SDHA, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TP53, TSC1, TSC2, VHL
<input type="radio"/> 01101	Invitae Multi-Cancer Panel	80	ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CEBPA, CHEK2, DICER1, DIS3L2, EGFR, EPCAM, FH, FLCN, GATA2, GPC3, GREM1, HOXB13, HRAS, KIT, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NF2, 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"/> 01206	Invitae Breast Cancer Guidelines-Based Panel	11	ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53
<input type="radio"/> 01204	Invitae Breast and Gyn Cancers Guidelines-Based Panel	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	12	APC, BMPR1A, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, SMAD4, STK11, TP53
	<input type="radio"/> 01252.1 Add-on guidelines genes with emerging data	6	BLM, CHEK2, GALNT12, GREM1, POLD1, POLE
<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

### INDIVIDUAL GENES

<input type="radio"/> APC	<input type="radio"/> BRCA1	<input type="radio"/> CDK4	<input type="radio"/> GREM1	<input type="radio"/> MSH6	<input type="radio"/> PDGFRA	<input type="radio"/> PTEN	<input type="radio"/> SDHB	<input type="radio"/> STK11
<input type="radio"/> ATM	<input type="radio"/> BRCA2	<input type="radio"/> CHEK2	<input type="radio"/> KIT	<input type="radio"/> MUTYH	<input type="radio"/> PMS2	<input type="radio"/> RAD50	<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"/> RAD51C	<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"/> RAD51D	<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"/> PALB2	<input type="radio"/> POT1	<input type="radio"/> SDHA	<input type="radio"/> SMARCA4	<input type="radio"/> VHL
<input type="radio"/> BMPR1A								