

**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"/>
Sex	MRN (medical record number)	Ancestry	
<input type="radio"/> M <input type="radio"/> F	<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 report access after release by medical professional)		Mobile phone	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
City	State	ZIP code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ORGANIZATION INFORMATION**

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

<input type="radio"/> <b>INSURANCE BILLING</b> (Please attach a copy of the patient's card.)	
<b>We do not accept insurance for certain tests or patients outside the US. Before completing this section, confirm your test is eligible at <a href="http://www.invitae.com/billing">www.invitae.com/billing</a>.</b>	
Primary insurance company name	Primary member ID#
<input type="text"/>	<input type="text"/>
Secondary insurance company name	Secondary member ID#
<input type="text"/>	<input type="text"/>
<input type="radio"/> Patient has Medicare and was treated as a hospital inpatient (>24 hour stay) in the last 14 days.	Prior-authorization #
<input type="text"/>	<input type="text"/>
<b>Letter of Medical Necessity (LMN)</b>	
<input type="radio"/> I have attached an LMN and/or other documents for insurance billing purposes.	
<input type="radio"/> 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.	

<input type="radio"/> <b>INSTITUTIONAL BILLING</b>
Invitae will send an invoice to the organization address above. Please contact Invitae if this order should be billed to a different location.

<input type="radio"/> <b>PATIENT PAY BILLING</b>
Invitae will send an electronic invoice to the patient email listed above

<input type="radio"/> <b>OTHER BILLING</b>
Invitae partner code:
<input type="text"/>

**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)
**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 &lt;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](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**

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)), 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. Please contact Client Services with any questions. For Invitae's full test menu, please visit [www.invitae.com](http://www.invitae.com).

Test code	Test name	# gene(s)	Gene list					
<b>STAT Turnaround Time</b>								
<b>SPECIAL INSTRUCTIONS:</b> 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					
<b>Frequently Ordered Hereditary Cancer Panels</b>								
<input type="radio"/> 01102	Invitae Common Hereditary Cancers Panel	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"/> 01101	Invitae Multi-Cancer Panel	83	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"/> 01206	Invitae Breast Cancer Guidelines-Based Panel	11	ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53					
<input type="radio"/> 01206.1	Add-on gene with emerging data	1	BARD1					
<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"/> 01204.1	Add-on gene with emerging data	1	BARD1					
<input type="radio"/> 01252	Invitae Colorectal Cancer Guidelines-Based Panel	19	APC, AXIN2, BMPR1A, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53					
<input type="radio"/> 01252.1	Add-on gene with emerging data	1	RPS20					
<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					
<b>HEREDITARY CANCER SIMPLIFIED INDIVIDUAL GENES</b>								
<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.