INVITAE

ORDER ONLINE at www.invitae.com/signin.

ORDER ID
For Invitae internal use only

INVITAE REQUISITION FORM

PATIENT INFORMATION

First name | MI | Last name | Date of birth (MM/DD/YYYY)

Sex: ○ M ○ F

MRN (medical record number)

Ancestry: ○ Asian ○ Black/African American ○ White/Caucasian ○ Ashkenazi Jewish ○ Hispanic ○ Native American ○ Pacific Islander ○ French Canadian ○ Sephardic Jewish ○ Mediterranean ○ Other: _____

Email address (for report access after release by medical professional)

Mobile phone

Address

City | State | ZIP code | Country

ORGANIZATION INFORMATION

Organization name and address

Organization name			Phone
Address			Fax
City	State	ZIP code	Country

Primary clinical contact

Name	NPI
Email address (for report access)	Phone

Ordering physician

○ **Same as primary clinical contact**

Name	NPI
Email address (for report access)	Phone

Additional clinical or laboratory contacts (optional)

Name	Email address (for report access)	Name	Email address (for report access)
Name	Email address (for report access)	Name	Email address (for report access)

○ INSURANCE BILLING (Please attach a copy of the patient's card.)

We do not accept insurance for certain tests *or* patients outside the US. Before completing this section, confirm your test is eligible at www.invitae.com/billing.

Primary insurance company name	Primary member ID#
Secondary insurance company name	Secondary member ID#
○ Patient has Medicare and was treated as a hospital inpatient (>24 hour stay) in the last 14 days.	Prior-authorization #

Letter of Medical Necessity (LMN)

○ I have attached an LMN and/or other documents 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.

○ 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.

○ PATIENT PAY BILLING

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

○ OTHER BILLING

Invitae partner code:

INVITAE

Patient's first name

Patient's last name

INVITAE DIAGNOSTIC REQUISITION FORM

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. For DNA, provide date retrieved from archive.

Specimen type

◯ Blood ◯ Saliva ◯ DNA - source: _____

DNA must be extracted in a CLIA or other suitably certified laboratory. 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

Deceased date (MM/DD/YYYY)

Specimen ID (IB # found on tube) - optional:

Is this patient deceased? ◯ Yes ◯ No

REASON FOR TESTING

ICD-10 codes

Previous results

Primary indication:

ONCOLOGY

◯ Hereditary breast and ovarian cancer (HBOC) syndrome

◯ Lynch syndrome

◯ Polyposis (FAP)

◯ Other: _____

CARDIOLOGY

◯ Aortopathy

◯ Arrhythmia

◯ Cardiomyopathy

◯ Other: _____

OTHER

◯ Neurology

◯ Other: _____

Testing for a personal history of disease? ◯ Yes ◯ No If yes, describe below.

Age at diagnosis: _____

Family history? ◯ Yes ◯ No If yes, describe in detail below and attach pedigree.

TEST SELECTION

This form supports three different ways of indicating test selection. Please select **one** of the three options below.

OPTION 1: SELECT AN INVITAE PANEL FROM OUR TEST CATALOG

Select your desired test(s) from the attached test catalog and discard any pages without a selection.

OPTION 2: INVITAE TEST CODE

Locate the test ID for the test you would like to order at www.invitae.com/tests or in our test catalog, and indicate the ID here.

Test code • **Add-on code (optional)**

OR

Invitae supports customization of your test. To create a custom panel, log in to your Invitae portal account or contact Client Services. Then indicate the ID associated with that panel here.

Custom panel ID

OPTION 3: FAMILY FOLLOW-UP TEST

Learn more about Invitae's family follow-up test options at www.invitae.com/family.

Invitae proband RQ# _____

Relationship to proband _____

Gene(s) _____

Variant(s) _____

Invitae's family follow-up testing analyzes the variant(s) indicated above. If you would like this report to include any variants of uncertain significance and be eligible for re-requisition, please include billing information on this requisition form and check here: ☐

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 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.

FREQUENTLY-ORDERED PANELS

Test code	Test name	# gene(s)	Gene list
Cross-Cancer			
○ 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
○ 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
STAT Turnaround Time			
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. Only blood and saliva are accepted (DNA is not accepted).**			
○ 50001	Invitae Breast Cancer STAT Panel	7	BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11, TP53
○ 50001.1	Add-on ATM gene	1	ATM
○ 50001.2	Add-on CHEK2 gene	1	CHEK2
○ 50002	Invitae BRCA1 and BRCA2 STAT Panel	2	BRCA1, BRCA2

CANCER PANELS BY ORGAN SYSTEM

Test code	Test name	# gene(s)	Gene list
Breast Cancer			
○ 01206	Invitae Breast Cancer Guidelines-Based Panel	11	ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53
○ 01206.1	Add-on gene with emerging data	1	BARD1
○ 01202	Invitae Breast Cancer Panel	14	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, RAD50, STK11, TP53
○ 01202.1	Add-on preliminary-evidence genes	13	ABRAXAS1, AKT1, FANCC, FANCM, MRE11, MUTYH, PIK3CA, RAD51C, RAD51D, RINT1, SDHB, SDHD, XRCC2
Breast and Gynecologic Cancers			
○ 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
○ 01204.1	Add-on gene with emerging data	1	BARD1
○ 01201	Invitae Breast and Gyn Cancers Panel	23	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SMARCA4, STK11, TP53
○ 01201.1	Add-on preliminary-evidence genes	13	ABRAXAS1, AKT1, CDC73, FANCC, FANCM, MRE11, MUTYH, PIK3CA, POLD1, RINT1, SDHB, SDHD, XRCC2

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name		# gene(s)	Gene list
Colorectal Cancer				
○ 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
	○ 01252.1	Add-on gene with emerging data	1	RPS20
○ 01251	Invitae Colorectal Cancer Panel		20	APC, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
	○ 01251.1	Add-on preliminary-evidence genes	9	ATM, BLM, BUB1B, CEP57, ENG, FLCN, GALNT12, MLH3, RPS20
Additional Organ Systems				
○ 01271	Invitae Gastric Cancer Panel		19	APC, BMPR1A, CDH1, CTNNA1, EPCAM, KIT, MLH1, MSH2, MSH6, NF1, PDGFRA, PMS2, SDHA, SDHB, SDHC, SDHD, SMAD4, STK11, TP53
○ 01302	Invitae Hereditary Paraganglioma-Pheochromocytoma Panel		10	MAX, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL
	○ 01302.1	Add-on preliminary-evidence genes	4	EGLN1, FH, KIF1B, MEN1
○ 01303	Invitae Hyperparathyroidism Panel		5	CASR, CDC73, CDKN1B, MEN1, RET
○ 01561	Invitae Melanoma Panel		9	BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53
	○ 01561.1	Add-on preliminary-evidence genes	3	BRCA1, MC1R, TERT
○ 01411	Invitae Myelodysplastic Syndrome/Leukemia Panel		16	ATM, BLM, CEBPA, EPCAM, GATA2, HRAS, MLH1, MSH2, MSH6, NBN, NF1, PMS2, RUNX1, TERC, TERT, TP53
	○ 01411.1	Add-on preliminary-evidence genes	5	BRCA1, BRCA2, BRIP1, CHEK2, PALB2
	○ 01411.2	Add-on dyskeratosis congenita genes	7	CTC1, DKC1, NHP2, NOP10, TERC, TERT, TINF2
	○ 01411.3	Add-on Fanconi anemia genes	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
○ 01461	Invitae Nervous System/Brain Cancer Panel		25	ALK, APC, DICER1, EPCAM, HRAS, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
	○ 01461.1	Add-on preliminary-evidence genes	7	BAP1, BARD1, EZH2, GPC3, KIF1B, POT1, PTCH2
	○ 01461.2	Add-on hereditary paraganglioma pheochromocytoma genes	8	MAX, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127
○ 01261	Invitae Pancreatic Cancer Panel		20	APC, ATM, BMPR1A, BRCA1, BRCA2, CDKN2A, EPCAM, MEN1, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, SMAD4, STK11, TP53, TSC1, TSC2, VHL
	○ 01261.1	Add-on preliminary-evidence genes	3	CDK4, FANCC, PALLD
	○ 01261.2	Add-on chronic pancreatitis genes	5	CASR, CFTR, CTRC, PRSS1, SPINK1
○ 01362	Invitae Prostate Cancer Panel		12	ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PMS2, TP53
	○ 01362.1	Add-on preliminary-evidence genes	5	BRIP1, FANCA, PALB2, RAD51C, RAD51D
○ 01361	Invitae Renal/Urinary Tract Cancers Panel		24	BAP1, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, FH, FLCN, GPC3, MET, MLH1, MSH2, MSH6, PMS2, PTEN, SDHB, SDHC, SMARCA4, SMARCB1, TP53, TSC1, TSC2, VHL, WT1
	○ 01361.1	Add-on preliminary-evidence genes	6	BUB1B, CEP57, MITF, PALB2, SDHA, SDHD

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Additional Organ Systems (continued)			
○ 01511	Invitae Sarcoma Panel	26	APC, BLM, CDKN1C, DICER1, EPCAM, FH, HRAS, KIT, MLH1, MSH2, MSH6, NBN, NF1, PDGFRA, PMS2, PRKAR1A, PTCH1, RB1, RECQL4, SDHA, SDHB, SDHC, SDHD, SUFU, TP53, WRN
	○ 01511.1 Add-on preliminary-evidence genes	5	CDKN2A, POT1, PTCH2, TSC1, TSC2
	○ 01511.2 Add-on Diamond-Blackfan anemia genes	10	GATA1, RPL11, RPL26, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7
○ 01301	Invitae Thyroid Cancer Panel	7	APC, CHEK2, DICER1, PRKAR1A, PTEN, RET, TP53
	○ 01301.1 Add-on preliminary-evidence genes	4	MEN1, SDHB, SDHD, WRN
Pediatric Oncology			
○ 01104	Invitae Pediatric Solid Tumors Panel	48	ALK, APC, AXIN2, BAP1, BLM, BMPR1A, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, FH, GPC3, HRAS, MAX, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, RECQL4, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1
○ 01105	Invitae Pediatric Hematologic Malignacies Panel	16	ATM, BLM, CEBPA, EPCAM, GATA2, HRAS, MLH1, MSH2, MSH6, NBN, NF1, PMS2, RUNX1, TERC, TERT, TP53
○ 01106	Invitae Pediatric Nervous System/Brain Tumors Panel	24	ALK, APC, DICER1, EPCAM, HRAS, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
	○ 01106.1 Hereditary paraganglioma pheochromocytoma genes	8	MAX, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127
Individual Hereditary Cancer Conditions			
○ 01724	Invitae Ataxia-Telangiectasia Test	1	ATM
○ 01728	Invitae BAP1 Hereditary Cancer Predisposition Syndrome Test	1	BAP1
○ 01722	Invitae Basal Cell Nevus Syndrome Panel	2	PTCH1, SUFU
	○ 01722.1 Add-on preliminary-evidence gene	1	PTCH2
○ 01720	Invitae Birt-Hogg-Dubé Syndrome Test	1	FLCN
○ 01730	Invitae Bloom Syndrome Test	1	BLM
○ 01731	Invitae Carney Complex Test	1	PRKAR1A
○ 01732	Invitae CASR-Related Conditions Test	1	CASR
○ 01729	Invitae CDC73-Related Conditions Test	1	CDC73
○ 01745	Invitae Chronic Pancreatitis Panel	5	CASR, CFTR, CTRC, PRSS1, SPINK1
○ 01703	Invitae Constitutional Mismatch Repair-Deficiency Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
○ 04164	Invitae Costello Syndrome Test	1	HRAS
○ 01719	Invitae DICER1 Syndrome Test	1	DICER1
○ 01744	Invitae Familial Acute Myeloid Leukemia with Mutated CEBPA Test	1	CEBPA
○ 01709	Invitae Familial Adenomatous Polyposis Test	1	APC
○ 01712	Invitae Familial Gastrointestinal Stromal Tumor Syndrome Panel	7	KIT, NF1, PDGFRA, SDHA, SDHB, SDHC, SDHD

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Individual Hereditary Cancer Conditions (continued)			
○ 01734	Invitae Familial Platelet Disorder with Propensity to Myeloid Malignancy Test	1	RUNX1
○ 05311	Invitae Fanconi Anemia Panel	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
○ 05317	Invitae GATA2 Deficiency Test	1	GATA2
○ 01701	Invitae Hereditary Breast and Ovarian Cancer Syndrome Panel	2	BRCA1, BRCA2
○ 01707	Invitae Hereditary Diffuse Gastric Cancer Syndrome Test	1	CDH1
○ 01727	Invitae Hereditary Leiomyomatosis and Renal Cell Cancer Test	1	FH
○ 01723	Invitae Hereditary Papillary Renal Cell Carcinoma Test	1	MET
○ 01711	Invitae Juvenile Polyposis Syndrome Panel	2	BMPR1A, SMAD4
○ 01705	Invitae Li-Fraumeni Syndrome Test	1	TP53
○ 01702	Invitae Lynch Syndrome Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
○ 01713	Invitae Melanoma-Pancreatic Cancer Syndrome Panel	2	CDK4, CDKN2A
○ 01717	Invitae Multiple Endocrine Neoplasia Type 1 Test	1	MEN1
○ 01718	Invitae Multiple Endocrine Neoplasia Type 2 Test	1	RET
○ 01710	Invitae MUTYH-Associated Polyposis Syndrome Test	1	MUTYH
○ 01708	Invitae Neurofibromatosis Type 1 Test	1	NF1
	○ 01708.1 Add-on Legius syndrome gene	1	SPRED1
○ 04167	Invitae Neurofibromatosis Type 2 Test	1	NF2
	○ 04167.1 Add-on schwannomatosis gene	1	SMARCB1
○ 01725	Invitae Nijmegen Breakage Syndrome Test	1	NBN
○ 01726	Invitae Oligodontia-Colorectal Cancer Syndrome Test	1	AXIN2
○ 01736	Invitae Perlman Syndrome Test	1	DIS3L2
○ 01706	Invitae Peutz-Jeghers Syndrome Test	1	STK11
○ 01704	Invitae PTEN-Related Disorders Test	1	PTEN
○ 01737	Invitae RECQL4-Related Disorders Test	1	RECQL4
○ 01738	Invitae Retinoblastoma Test	1	RB1
○ 01714	Invitae Rhabdoid Tumor Predisposition Syndrome Panel	2	SMARCA4, SMARCB1
○ 04168	Invitae Schwannomatosis Test	1	SMARCB1
	○ 04168.1 Add-on neurofibromatosis type 2 gene	1	NF2
○ 01739	Invitae Simpson-Golabi-Behmel Syndrome Test	1	GPC3
○ 01715	Invitae Small Cell Carcinoma of the Ovary Hypercalcemic Type Test	1	SMARCA4
○ 01721	Invitae Tuberous Sclerosis Complex Panel	2	TSC1, TSC2

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Individual Hereditary Cancer Conditions (continued)			
○ 01716	Invitae von Hippel-Lindau Syndrome Test	1	VHL
○ 01740	Invitae Weaver Syndrome Test	1	EZH2
○ 01741	Invitae Werner Syndrome Test	1	WRN
○ 01742	Invitae Wilms Tumor Panel	5	CDC73, CDKN1C, DIS3L2, GPC3, WT1
○ 01743	Invitae WT1-Related Disorders Test	1	WT1

HEREDITARY CANCER INDIVIDUAL GENES

○	ABRAXAS1	○	CDK4	○	EPCAM	○	GATA2	○	MSH3	○	POT1	○	RPS10	○	SPINK1
○	AKT1	○	CDKN1B	○	ERCC4	○	GPC3	○	MSH6	○	PRKAR1A	○	RPS19	○	SPRED1
○	ALK	○	CDKN1C	○	EZH2	○	GREM1	○	MUTYH	○	PRSS1	○	RPS20	○	STK11
○	APC	○	CDKN2A	○	FANCA	○	HOXB13	○	NBN	○	PTCH1	○	RPS24	○	SUFU
○	ATM	○	CEBPA	○	FANCB	○	HRAS	○	NF1	○	PTCH2	○	RPS26	○	TERC
○	AXIN2	○	CEP57	○	FANCC	○	KIF1B	○	NF2	○	PTEN	○	RPS7	○	TERT
○	BAP1	○	CFTR	○	FANCD2	○	KIT	○	NHP2	○	RAD50	○	RUNX1	○	TINF2
○	BARD1	○	CHEK2	○	FANCE	○	MAX	○	NOP10	○	RAD51C	○	SDHA	○	TMEM127
○	BLM	○	CTC1	○	FANCF	○	MC1R	○	NTHL1	○	RAD51D	○	SDHAF2	○	TP53
○	BMPR1A	○	CTNNA1	○	FANCG	○	MDM2	○	PALB2	○	RB1	○	SDHB	○	TSC1
○	BRCA1	○	CTRC	○	FANCI	○	MEN1	○	PALLD	○	RECQL4	○	SDHC	○	TSC2
○	BRCA2	○	DICER1	○	FANCL	○	MET	○	PDGFRA	○	RET	○	SDHD	○	VHL
○	BRIP1	○	DIS3L2	○	FANCM	○	MITF	○	PHOX2B	○	RINT1	○	SLX4	○	WRN
○	BUB1B	○	DKC1	○	FH	○	MLH1	○	PIK3CA	○	RPL11	○	SMAD4	○	WT1
○	CASR	○	EGFR	○	FLCN	○	MLH3	○	PMS2	○	RPL26	○	SMARCA4	○	XRCC2
○	CDC73	○	EGLN1	○	GALNT12	○	MRE11	○	POLD1	○	RPL35A	○	SMARCB1		
○	CDH1	○	ENG	○	GATA1	○	MSH2	○	POLE	○	RPL5	○	SMARCE1		

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.