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)

Biological sex: ◯ Male ◯ Female

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 | | Phone | Fax |
|---|---|---|---|
| Address | City | State/Prov | ZIP/Postal Code / Country |

## CLINICAL TEAM

**Primary clinical contact** (contact for general inquires)

| Name | NPI | Email address (for report access) |
|---|---|---|

**Ordering physician** ◯ Same as primary clinical contact

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

| | | |
|---|---|---|
| ◯ Name | NPI | Email address (for report access) |
| ◯ Name | NPI | Email address (for report access) |
| ◯ Name | NPI | Email address (for report access) |
| ◯ Name | NPI | Email address (for report access) |
| ◯ 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) |
|---|---|---|---|
| Name | Email address (for report access) | Name | Email address (for report access) |

## ◯ 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: ◯ Self ◯ Spouse ◯ Child ◯ Other: _____ | | **ICD-10 code required** Indicate in REASON FOR TESTING section |
|---|---|---|---|
| Primary insurance company name | Primary member ID# | Primary insurance phone | Primary prior-authorization # |
| Secondary insurance company name | Secondary member ID# | Secondary insurance phone | Secondary 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:**

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.*

**Specimen ID (IB # on tube):**

**Is this patient deceased?** ◯ Yes ◯ No

**Deceased date (MM/DD/YYYY)**

## REASON FOR TESTING

**Primary indication:**

### ONCOLOGY

◯ Hereditary breast and ovarian cancer (HBOC) syndrome
◯ Lynch syndrome
◯ Polyposis (FAP)
◯ Other: _____

### CARDIOLOGY

◯ Aortopathy
◯ Cardiomyopathy
◯ Arrhythmia
◯ Other: _____

### OTHER

◯ Neurology
◯ Other: _____

**ICD-10 codes (required for insurance billing)**

### PERSONAL HISTORY

**Is/was this patient affected or symptomatic†?** ◯ Yes ◯ No If yes, describe below and attach clinical notes.

Age at diagnosis: _____

†Symptomatic means the patient has features or signs known or suspected to be related to the genetic testing being ordered and could include findings on physical examination, laboratory tests, or imaging.

**Is there a hematological malignancy in this patient (current or history of)?** ◯ Yes ◯ No

**Has this patient had genetic testing before?** ◯ Yes ◯ No If yes, write test results and attach the report.

### FAMILY HISTORY

**Is there a family history of disease for which the patient is being tested?** ◯ Yes ◯ No
If yes, describe below and attach pedigree and/or clinical notes.

| Relationship to patient | Maternal or paternal | Diagnosed condition | Age at diagnosis |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## TEST SELECTION

### 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

Indicate test IDs here (reference www.invitae.com/tests or our test catalog). 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 | Add-on code (optional) | 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 TESTING

Invitae family follow-up testing is available at no additional charge within 90 days for blood relatives of patients who receive pathogenic or likely pathogenic results (or approved VUS). Learn more at www.invitae.com/family.

Invitae proband RQ# _____

Relationship to proband _____

Gene(s) _____

Variant(s) _____

Invitae's family follow-up testing will not report variants of uncertain significance (VUS) and will not be eligible for re-requisition. If you would like this report to include VUS and be eligibility for re-requisition, please include billing info and check the box here: ☐

### AUTOMATIC REFLEX:

Invitae offers one re-requisition at no additional charge within 90 days for tests within the same clinical area. Preschedule it here or log in to your Invitae portal account.

Conditions for reflex: ◯ Regardless of initial results ◯ Only if negative (no pathogenic/likely pathogenic results)

Reflex test: **Test code** _____ . **Add-on code (optional)**

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 the Patient has agreed that if the Patient's insurer does not reimburse Invitae in full for any reason, including if the insurer considers the genetic test ordered to be a non-covered service or not medically necessary, then Invitae may bill the Patient directly for the services and the Patient will remit payment directly to Invitae. 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 (required) | 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. 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.

## FREQUENTLY-ORDERED PANELS

| Test code | Test name | # gene(s) | Gene list |
|---|---|---|---|
| **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 |
| **Cross-Cancer** | | | |
| ○ 01101 | Invitae Multi-Cancer Panel<br>▶ Reflex to this panel<br>○ Regardless of initial results<br>○ Only if negative (no pathogenic/likely pathogenic results) | 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<br>▶ Reflex to this panel<br>○ Regardless of initial results<br>○ 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 |

## 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 |

*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.*

# 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)** | | | |
| ○ 01733 | Invitae Familial Neuroblastoma Panel | 2 | ALK, PHOX2B |
| | ○ 01733.1 Add-on preliminary-evidence gene | 1 | KIF1B |
| ○ 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 | | |

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