

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

Specimen type: Blood Saliva Assisted saliva DNA - source:
DNA must be extracted in a CLIA or other suitably certified laboratory
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

Primary indication:

ICD-10 codes	Previous results
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Testing for a personal history of disease? Yes No If yes, describe below.
 Age at diagnosis: _____

ORGANIZATION INFORMATION

Organization name and address

Organization name

Phone Fax

Address City

State ZIP code Country

Primary clinical contact

Name Role/title

Phone NPI

Email address (for report access)

Ordering physician

Same as primary clinical contact

Name NPI

Email address (for report access)

Additional clinical or laboratory contact (optional)

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.

 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: <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other	
Policy holder name	Prior-authorization #

 PATIENT PAY BILLING

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

 INSTITUTIONAL BILLING

Send invoice to organization address above

Billing contact name	Phone	Fax
Billing email address		
Billing address		City
State	ZIP code	Country

 OTHER BILLING Invitae partner code:

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), 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. 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 state law to order this test.

▶ Medical professional signature Date

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 are organized by 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.

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.

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.

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.

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.

DERMATOLOGY

CLINICAL AREA: HEREDITARY CANCER

Test code	Test name	# gene(s)	Gene list
Dermatology-Related Cancer Syndromes			
<input type="radio"/> 01722	Invitae Basal Cell Nevus Syndrome Panel	2	PTCH1, SUFU
<input type="radio"/> 01722.1	Add-on preliminary-evidence gene	1	PTCH2
<input type="radio"/> 01720	Invitae Birt-Hogg-Dubé Syndrome Test	1	FLCN
<input type="radio"/> 01702	Invitae Lynch Syndrome Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
<input type="radio"/> 01561	Invitae Melanoma Panel	9	BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53
<input type="radio"/> 01561.1	Add-on preliminary-evidence genes	3	BRCA1, MC1R, TERT
<input type="radio"/> 01713	Invitae Melanoma-Pancreatic Cancer Syndrome Panel	2	CDK4, CDKN2A
<input type="radio"/> 04167	Invitae Neurofibromatosis Type 2 Test	1	NF2
<input type="radio"/> 04167.1	Add-on schwannomatosis gene	1	SMARCB1
<input type="radio"/> 04168	Invitae Schwannomatosis Test	1	SMARCB1
<input type="radio"/> 04168.1	Add-on neurofibromatosis type 2 gene	1	NF2
<input type="radio"/> 01721	Invitae Tuberous Sclerosis Complex Panel	2	TSC1, TSC2

▶ DERMATOLOGY-RELATED CANCER SYNDROMES INDIVIDUAL GENES

<input type="radio"/> BAP1	<input type="radio"/> CDKN2A	<input type="radio"/> MC1R	<input type="radio"/> MSH2	<input type="radio"/> PMS2	<input type="radio"/> PTCH2	<input type="radio"/> SMARCB1	<input type="radio"/> TP53
<input type="radio"/> BRCA1	<input type="radio"/> EPCAM	<input type="radio"/> MITF	<input type="radio"/> MSH6	<input type="radio"/> POT1	<input type="radio"/> PTEN	<input type="radio"/> SUFU	<input type="radio"/> TSC1
<input type="radio"/> BRCA2	<input type="radio"/> FLCN	<input type="radio"/> MLH1	<input type="radio"/> NF2	<input type="radio"/> PTCH1	<input type="radio"/> RB1	<input type="radio"/> TERT	<input type="radio"/> TSC2
<input type="radio"/> CDK4							

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

DERMATOLOGY

CLINICAL AREA: PEDIATRIC AND RARE DISEASE

Test code	Test name	# gene(s)	Gene list
Skin Disorders			
<input type="radio"/> 04163	Invitae Cardio-Facio-Cutaneous Syndrome Panel	6	BRAF, KRAS, MAP2K1, MAP2K2, SHOC2, SOS1
<input type="radio"/> 05021	Invitae Ectodermal Dysplasia with or without Tooth Agenesis Panel	8	EDA, EDAR, EDARADD, LTBP3, MSX1, NFKBIA, PAX9, WNT10A
<input type="radio"/> 05021.1	Add-on Clouston syndrome and TP63-related disorder genes	2	GJB6, TP63
<input type="radio"/> 04165	Invitae Legius Syndrome Test	1	SPRED1
<input type="radio"/> 04165.1	Add-on neurofibromatosis type 1 gene	1	NF1
<input type="radio"/> 04162	Invitae Noonan Syndrome with Multiple Lentiginos Panel	3	BRAF, PTPN11, RAF1
<input type="radio"/> 01704	Invitae PTEN-Related Disorders Test	1	PTEN
<input type="radio"/> 05022	Invitae TP63-Related Disorders Test	1	TP63
<input type="radio"/> 04735	Invitae van der Woude Syndrome Panel	2	GRHL3, IRF6

SKIN DISORDERS INDIVIDUAL GENES

<input type="radio"/> BRAF	<input type="radio"/> EDARADD	<input type="radio"/> IRF6	<input type="radio"/> MAP2K1	<input type="radio"/> NF1	<input type="radio"/> PTEN	<input type="radio"/> SHOC2	<input type="radio"/> TP63
<input type="radio"/> EDA	<input type="radio"/> GJB6	<input type="radio"/> KRAS	<input type="radio"/> MAP2K2	<input type="radio"/> NFKBIA	<input type="radio"/> PTPN11	<input type="radio"/> SOS1	<input type="radio"/> WNT10A
<input type="radio"/> EDAR	<input type="radio"/> GRHL3	<input type="radio"/> LTBP3	<input type="radio"/> MSX1	<input type="radio"/> PAX9	<input type="radio"/> RAF1	<input type="radio"/> SPRED1	

HEMATOLOGY

CLINICAL AREA: HEREDITARY CANCER

Test code	Test name	# gene(s)	Gene list
Bone Marrow Failure Syndromes			
<input type="radio"/> 05301	Invitae Bone Marrow Failure Syndromes Panel	39	BRCA2, BRIP1, CTC1, DKC1, ELANE, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL26, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, RUNX1, SLX4, TERC, TERT, TINF2, WAS, XRCC2
<input type="radio"/> 05312	Invitae Congenital Amegakaryocytic Thrombocytopenia Test	1	MPL
<input type="radio"/> 05313	Invitae Diamond-Blackfan Anemia Panel	10	GATA1, RPL11, RPL26, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7
<input type="radio"/> 05314	Invitae Dyskeratosis Congenita Panel	7	CTC1, DKC1, NHP2, NOP10, TERC, TERT, TINF2
<input type="radio"/> 05315	Invitae ELANE-Related Neutropenia Test	1	ELANE
<input type="radio"/> 05311	Invitae Fanconi Anemia Panel	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
<input type="radio"/> 05316	Invitae GATA1-Related X-Linked Cytopenia Test	1	GATA1
<input type="radio"/> 05317	Invitae GATA2 Deficiency Test	1	GATA2
<input type="radio"/> 05318	Invitae WAS-Related Disorders Test	1	WAS

▶ BONE MARROW FAILURE SYNDROMES INDIVIDUAL GENES

<input type="radio"/> BRCA2	<input type="radio"/> ERCC4	<input type="radio"/> FANCE	<input type="radio"/> FANCM	<input type="radio"/> NOP10	<input type="radio"/> RPL35A	<input type="radio"/> RPS26	<input type="radio"/> TERT
<input type="radio"/> BRIP1	<input type="radio"/> FANCA	<input type="radio"/> FANCF	<input type="radio"/> GATA1	<input type="radio"/> PALB2	<input type="radio"/> RPL5	<input type="radio"/> RPS7	<input type="radio"/> TINF2
<input type="radio"/> CTC1	<input type="radio"/> FANCB	<input type="radio"/> FANCG	<input type="radio"/> GATA2	<input type="radio"/> RAD51C	<input type="radio"/> RPS10	<input type="radio"/> RUNX1	<input type="radio"/> WAS
<input type="radio"/> DKC1	<input type="radio"/> FANCC	<input type="radio"/> FANCI	<input type="radio"/> MPL	<input type="radio"/> RPL11	<input type="radio"/> RPS19	<input type="radio"/> SLX4	<input type="radio"/> XRCC2
<input type="radio"/> ELANE	<input type="radio"/> FANCD2	<input type="radio"/> FANCL	<input type="radio"/> NHP2	<input type="radio"/> RPL26	<input type="radio"/> RPS24	<input type="radio"/> TERC	

CLINICAL AREA: NON-MALIGNANT HEMATOLOGY

Test code	Test name	# gene(s)	Gene list
Hereditary Hemochromatosis			
<input type="radio"/> 05201	Invitae Hereditary Hemochromatosis Panel	5	HAMP, HFE, HFE2, SLC40A1, TFR2
Hereditary Thrombophilia			
<input type="radio"/> 05251	Invitae Hereditary Thrombophilia Panel	5	F2, F5, PROC, PROS1, SERPINC1
	<input type="radio"/> 05251.1 Add-on F9 gene	1	F9
	<input type="radio"/> 05251.2 Add-on MPL gene	1	MPL
<input type="radio"/> 05261	Invitae Antithrombin III Deficiency Test	1	SERPINC1
<input type="radio"/> 05262	Invitae Protein C Deficiency Test	1	PROC
<input type="radio"/> 05263	Invitae Protein S Deficiency Test	1	PROS1

▶ NON-MALIGNANT HEMATOLOGY INDIVIDUAL GENES

<input type="radio"/> F2	<input type="radio"/> F9	<input type="radio"/> HFE	<input type="radio"/> ITGA2B	<input type="radio"/> MPL	<input type="radio"/> PROC	<input type="radio"/> SERPINC1	<input type="radio"/> TFR2
<input type="radio"/> F5	<input type="radio"/> HAMP	<input type="radio"/> HFE2	<input type="radio"/> ITGB3	<input type="radio"/> MTHFR	<input type="radio"/> PROS1	<input type="radio"/> SLC40A1	

OPHTHALMOLOGY

CLINICAL AREA: PEDIATRIC AND RARE DISEASE

Test code	Test name	# gene(s)	Gene list
Eye Disorders			
<input type="radio"/> 04722	Invitae Aniridia Test	1	PAX6
<input type="radio"/> 04723	Invitae Axenfeld-Rieger Panel	2	FOXC1, PITX2
	<input type="radio"/> 04723.1 Add-on aniridia gene	1	PAX6
<input type="radio"/> 04112	Invitae Bardet-Biedl Syndrome Panel	16	ARL6, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BBS9, CEP290, MKKS, MKS1, SDCCAG8, TRIM32, TTC8, WDPCP
<input type="radio"/> 04211	Invitae CHARGE Syndrome Test	1	CHD7
<input type="radio"/> 05131	Invitae Choroideremia Test	1	CHM
<input type="radio"/> 05132	Invitae Congenital Cataracts Panel	33	AGK, BCOR, BFSP1, BFSP2, CRYAA, CRYAB, CRYBA1, CRYBA4, CRYBB1, CRYBB2, CRYBB3, CRYGC, CRYGD, CRYGS, CTDP1, EPHA2, FAM126A, FOXC1, FYCO1, GALK1, GCNT2, GJA3, GJA8, HSF4, MAF, MIP, NHS, OCRL, PAX6, PITX2, PITX3, SIL1, VSX2
	<input type="radio"/> 05132.1 Add-on preliminary-evidence genes	5	CHMP4B, CRYGB, LIM2, TDRD7, VIM
<input type="radio"/> 04728	Invitae Duane-Radial Ray Syndrome Test	1	SALL4
<input type="radio"/> 05133	Invitae Early-Onset Glaucoma Panel	3	CYP1B1, FOXC1, PITX2
<input type="radio"/> 05143	Invitae Leber Congenital Amaurosis Panel	19	AIPL1, CEP290, CRB1, CRX, GDF6, GUCY2D, IQCB1, KCNJ13, LCA5, LRAT, NMNAT1, OTX2, PRPH2, RD3, RDH12, RPE65, RPGRIP1, SPATA7, TULP1
	<input type="radio"/> 05143.1 Add-on preliminary-evidence genes	2	BBS4, IMPDH1
<input type="radio"/> 05142	Invitae Microphthalmia/Anophthalmia Disorders Panel	17	ALDH1A3, BCOR, BMP4, FOXE3, GDF6, MAB21L2, MFRP, OTX2, PAX2, PRSS56, PXDN, RARB, RAX, SHH, SOX2, STRA6, VSX2
	<input type="radio"/> 05142.1 Add-on preliminary-evidence genes	3	GDF3, HESX1, VAX1
<input type="radio"/> 04213	Invitae Oculo-Facio-Cardio-Dental Syndrome Test	1	BCOR
<input type="radio"/> 01738	Invitae Retinoblastoma Test	1	RB1
<input type="radio"/> 04114	Invitae Senior-Loken Syndrome Panel	8	CEP290, INVS, IQCB1, NPHP1, NPHP3, NPHP4, SDCCAG8, WDR19

OPHTHALMOLOGY INDIVIDUAL GENES

<input type="radio"/> AGK	<input type="radio"/> BFSP2	<input type="radio"/> CRYAB	<input type="radio"/> FAM126A	<input type="radio"/> IMPDH1	<input type="radio"/> MKS1	<input type="radio"/> PRPH2	<input type="radio"/> SIL1
<input type="radio"/> AIPL1	<input type="radio"/> BMP4	<input type="radio"/> CRYBA1	<input type="radio"/> FOXC1	<input type="radio"/> INVS	<input type="radio"/> NHS	<input type="radio"/> PRSS56	<input type="radio"/> SOX2
<input type="radio"/> ALDH1A3	<input type="radio"/> CEP290	<input type="radio"/> CRYBA4	<input type="radio"/> FOXE3	<input type="radio"/> IQCB1	<input type="radio"/> NMNAT1	<input type="radio"/> PXDN	<input type="radio"/> SPATA7
<input type="radio"/> ARL6	<input type="radio"/> CHD7	<input type="radio"/> CRYBB1	<input type="radio"/> FYCO1	<input type="radio"/> KCNJ13	<input type="radio"/> NPHP1	<input type="radio"/> RARB	<input type="radio"/> STRA6
<input type="radio"/> BBS1	<input type="radio"/> CHM	<input type="radio"/> CRYBB2	<input type="radio"/> GALK1	<input type="radio"/> LCA5	<input type="radio"/> NPHP3	<input type="radio"/> RAX	<input type="radio"/> TDRD7
<input type="radio"/> BBS10	<input type="radio"/> CHMP4B	<input type="radio"/> CRYBB3	<input type="radio"/> GCNT2	<input type="radio"/> LIM2	<input type="radio"/> NPHP4	<input type="radio"/> RB1	<input type="radio"/> TRIM32
<input type="radio"/> BBS12	<input type="radio"/> CLN2 (TPP1)	<input type="radio"/> CRYGB	<input type="radio"/> GDF3	<input type="radio"/> LRAT	<input type="radio"/> OCRL	<input type="radio"/> RD3	<input type="radio"/> TTC8
<input type="radio"/> BBS2	<input type="radio"/> CLN3	<input type="radio"/> CRYGC	<input type="radio"/> GDF6	<input type="radio"/> MAB21L2	<input type="radio"/> OTX2	<input type="radio"/> RDH12	<input type="radio"/> TULP1
<input type="radio"/> BBS4	<input type="radio"/> CLN5	<input type="radio"/> CRYGD	<input type="radio"/> GJA3	<input type="radio"/> MAF	<input type="radio"/> PAX2	<input type="radio"/> RPE65	<input type="radio"/> VAX1
<input type="radio"/> BBS5	<input type="radio"/> CLN6	<input type="radio"/> CRYGS	<input type="radio"/> GJA8	<input type="radio"/> MFRP	<input type="radio"/> PAX6	<input type="radio"/> RPGRIP1	<input type="radio"/> VIM
<input type="radio"/> BBS7	<input type="radio"/> CLN8	<input type="radio"/> CTDP1	<input type="radio"/> GUCY2D	<input type="radio"/> MFSB8	<input type="radio"/> PITX2	<input type="radio"/> SALL4	<input type="radio"/> VSX2
<input type="radio"/> BBS9	<input type="radio"/> CRB1	<input type="radio"/> CTSD	<input type="radio"/> HESX1	<input type="radio"/> MIP	<input type="radio"/> PITX3	<input type="radio"/> SDCCAG8	<input type="radio"/> WDPCP
<input type="radio"/> BCOR	<input type="radio"/> CRX	<input type="radio"/> CYP1B1	<input type="radio"/> HSF4	<input type="radio"/> MKKS	<input type="radio"/> PPT1	<input type="radio"/> SHH	<input type="radio"/> WDR19
<input type="radio"/> BFSP1	<input type="radio"/> CRYAA	<input type="radio"/> EPHA2					