INVITAE

ORDER ID For Invitae internal use only	**Requisition Form** **ALNYLAM ACT (TTR) TRF921-4**

This requisition form can be used to submit a specimen for the Alnylam Act™ program, a no-charge U.S. testing program brought to you by Alnylam Pharmaceuticals and Invitae Corporation. Patients 18 years or older with a suspected diagnosis or a confirmed family history of hereditary ATTR (hATTR) amyloidosis can take part in the Alnylam Act program. To submit orders for genetic testing outside of this program, please order through Invitae's online portal or use a standard requisition form, accessible at www.invitae.com/order-forms.

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 ◯ Other:

Phone	Email address
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

Previous results *(if applicable and not included in clinical criteria below)*

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)

INVITAE PARTNER CODE

TTR

ALNYLAM ACT SYMPTOM CHECKLIST

Patient must be 18 years or older

Please check all that apply:

- ☐ Family history of hATTR amyloidosis
- ☐ Sensory and motor (e.g. neuropathic pain, alternation sensation [sensitivity to pain and temperature], numbness and tingling, muscle weakness, impaired balance, difficulty walking)
- ☐ Autonomic dysfunction (nausea and vomiting, changes in GI motility [diarrhea, constipation, gastroparesis, early satiety], orthostatic hypotension [fainting and dizziness upon standing], erectile dysfunction, bladder dysfunction)
- ☐ Heart disease (e.g., shortness of breath, edema, palpitations and arrhythmias)
- ☐ Carpal tunnel syndrome
- ☐ Generalized fatigue
- ☐ Unintentional weight loss
- ☐ Ocular changes (e.g., blurred vision, blindness)
- ☐ Other: _____

RE-REQUISITION

Invitae offers one re-requisition at no additional charge within 90 days for genes related to 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**.

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

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).

TESTS INCLUDED IN THE PROGRAM

Test code	Test name	# of genes	Gene list
○ 02251	Invitae Cardiomyopathy Comprehensive Panel	50	ABCC9, ACTC1, ACTN2, AGL, BAG3, CACNA1C, CAV3, CRYAB, CSRP3, DES, DMD, DOLK, DSC2, DSG2, DSP, EMD, EYA4, FHL1, FKRP, FKTN, FLNC, GAA, GLA, HCN4, JUP, LAMP2, LMNA, MYBPC3, MYH7, MYL2, MYL3, PKP2, PLN, PRKAG2, RAF1, RBM20, RYR2, SCN5A, SGCD, SLC22A5, TAZ, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, TTR, VCL
○ 03200	Invitae Comprehensive Neuropathies Panel	70	AARS, AIFM1, ATL1, ATL3, ATP7A, BICD2, BSCL2, CHCHD10, DCTN1, DNAJB2, DNM2, DNMT1, DST, DYNC1H1, EGR2, FAM134B, FBXO38, FGD4, FIG4, GAN, GARS, GDAP1, GJB1, GNB4, HARS, HINT1, HSPB1, HSPB8, IGHMBP2, IKBKAP, INF2, KIF1A, LITAF, LMNA, LRSAM1, MED25, MFN2, MORC2, MPZ, MTMR2, NDRG1, NEFL, NGF, NTRK1, PDK3, PLEKHG5, PMP22, PRPS1, PRX, RAB7A, REEP1, SBF2, SCN11A, SCN9A, SH3TC2, SIGMAR1, SLC52A2, SLC52A3, SLC5A7, SPG11, SPTLC1, SPTLC2, TFG, TRIM2, TRPV4, TTR, UBA1, VAPB, WNK1, YARS
○ 02265	Invitae Transthyretin Amyloidosis Test	1	TTR

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 in connection with the Alnylam Act program, 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 medical professional also hereby acknowledges that organization and clinician contact information provided in the order may be shared with third parties, including Alnylam Pharmaceuticals, that may contact you directly in connection with the Alnylam Act program. 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

