INVITAE AlnylamAct®

Primary Hyperoxaluria Type 1

ORDER ID
For Invitae internal use only

Requisition Form
ALNYLAM ACT (PH1) TRF939-1

This requisition form can be used to submit a specimen for primary hyperoxaluria testing through Alnylam Act®, a sponsored testing program brought to you by Alnylam Pharmaceuticals and Invitae Corporation. Please confirm that the patient meets the eligibility requirements for the 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 ○ French Canadian ○ Sephardic Jewish ○ Mediterranean ○ 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) *If not provided, date will be 1 day prior to our receipt of specimen. For DNA, provide date retrieved from archive.*

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

PH1

FAMILY VARIANT TESTING

Invitae's family variant testing programs involves full analysis of the gene in which the original family member's variant was identified. For more information, visit www.invitae.com/family-testing.

Please attach the proband's clinical report or provide Invitae RQ#

INVITAE PROBAND RQ#	RELATIONSHIP TO PROBAND	GENE(S)	VARIANT(S)

ALNYLAM ACT® PRIMARY HYPEROXALURIA TYPE 1 ELIGIBILITY CRITERIA

Have a family history OR suspected diagnosis of primary hyperoxaluria with ONE OR MORE of the following symptoms. Please check all that apply.

Required eligibility criteria (select at least one):

- ☐ Family history of primary hyperoxaluria
- ☐ Pediatric kidney stone(s)
- ☐ Pediatric renal dysfunction or failure
- ☐ Recurrent nephrolithiasis or urolithiasis
- ☐ Nephrocalcinosis
- ☐ Oxalate crystals identified in any biologic fluid or tissue

Biochemical markers (optional):

Patient value/reference range

- ☐ Elevated oxalate (>ULN) ☐ **urinary** or ☐ **plasma** _____ / _____
- ☐ Elevated glycolic acid (glycolate) (>ULN) ☐ **urinary** or ☐ **plasma** _____ / _____
- ☐ Elevated glyceric acid (glycerate) (>ULN) ☐ **urinary** or ☐ **plasma** _____ / _____
- ☐ Elevated (>ULN) urinary 4-hydroxyoxoglutarate (HOG) _____ / _____ AND elevated (>ULN) urinary dihydroxyglutarate (DHG) _____ / _____

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
○ 06227	Invitae Primary Hyperoxaluria Panel	3	AGXT, GRHPR, HOGA1

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). In connection with the Alnylam Act® program, the Patient 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 has been informed that de-identified Patient data may be used and shared with third parties, including Alnylam Pharmaceuticals, Inc. ("Alnylam"), for research purposes and, in the U.S., to contact their medical professional. For orders originating in Canada, the Patient has been informed that their personal information and specimen will be transferred to and processed in the U.S. and that de-identified Patient data may be used and shared for research purposes in the U.S. The medical professional warrants that he/she will not seek reimbursement for this sponsored test from any third party, including but not limited to U.S. federal healthcare programs. The medical professional also hereby acknowledges that organization and clinician contact information provided in the order may be shared with third parties, including Alnylam, that may contact the medical professional directly in connection with the Alnylam Act® program, or Alnylam products. The medical professional understands that the use of this sponsored test is not intended to be, nor should it be construed as, either express or implied, an obligation or inducement for the medical professional to recommend, purchase, order, prescribe, promote, administer or otherwise support any Alnylam product or any other Invitae product or service. 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