INVITAE

*If an order is placed using an outdated test requisition form, Invitae reserves the right to upgrade ordered tests to the current versions. View current requisition forms at www.invitae.com/forms. **NOTE:** Test IDs containing add-on codes will include the original panel as well as the add-on.*

ORDER ID
For Invitae internal use only

INVITAE HEREDITARY CANCER SIMPLIFIED REQUISITION FORM

PATIENT INFORMATION

First name	MI	Last name	Date of birth (MM/DD/YYYY)	If patient is deceased Date of death:

Sex assigned at birth ◯ Female ◯ Male | Gender (if differs from sex assigned at birth) ◯ Man ◯ Non-binary ◯ Woman ◯ Self-described: _____

Race/Ethnicity (select all that apply): ◯ Ashkenazi Jewish ◯ Asian ◯ Black ◯ French Canadian ◯ Hispanic ◯ Native American ◯ Pacific Islander ◯ Sephardic Jewish ◯ White ◯ Other: _____

Patient ID (MRN)	Email address (billing and report access after clinician releases)	Mobile Phone (patient consents to receive texts from Invitae)

Address	City	State/Prov	Zip/Postal code	Country

Ship a saliva kit to this patient (optional) **Ship to:** ◯ Address above ◯ Alternate address: _____

INSURANCE INFORMATION (Provide only if applicable. Attach front and back of insurance card, clinical notes and medical records. Insurance is not accepted for patients outside the US.)

Policyholder name	Primary insurance company name	Primary member ID #	Primary insurance phone	Prior-authorization #
Patient relationship to policyholder ◯ Self ◯ Spouse ◯ Child ◯ Other: _____	Secondary insurance company name	Secondary member ID #	Secondary insurance phone	Prior-authorization #

Medicare insurance billing only (select one): ◯ Patient was treated as a hospital inpatient (more than a 24 hour stay) in the last 14 days ◯ Not a hospital patient

PROVIDER INFORMATION

Organization name	Phone	Fax

Address	City	State/Prov	Zip/Postal code	Country

Primary clinical contact name (if different from ordering provider)	NPI	Email address (for report access)

Ordering provider (Pre-populate your provider list below. For each order, indicate **one** ordering provider by marking the checkbox before the name)

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

Additional clinical or laboratory contacts (optional) ◯ Share this order with the primary clinical contact's default clinical team (manage team online at www.invitae.com/signin)

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

BILLING SELECTION

Billing selection (select one): ◯ Self-pay (patient email required) ◯ Institutional ◯ Insurance (**ICD-10 code(s) below required**):

ICD-10 codes: Family history of malignant neoplasm of: ◯ Z80.3 Breast ◯ Z80.41 Ovary ◯ Z80.0 Digestive organs ◯ Z80.8 Other organs/systems

Personal history of malignant neoplasm of: ◯ C50.919 Unspecified site of unspecified female breast ◯ C56.9 Unspecified ovary ◯ C54.1 Endometrium ◯ C18.9 Colon, unspecified ◯ C25.9 Pancreas, unspecified ◯ C61 Prostate ◯ Other ICD-10: _____

PARTNERSHIP PROGRAMS
Invitae partner code (if applicable):

HEREDITARY CANCER

Hereditary cancer specimen type: Blood (3-mL purple EDTA) -OR- Saliva (Oragene kit) -OR- Buccal swabs (OCD-100, 2 devices) -OR- DNA - source: _____

NOTE: *DNA and buccal swabs are not accepted for STAT panels. We cannot accept blood or oral specimens from patients with active hematologic malignancy, recent leukocyte transfusion, or history of bone marrow/stem cell/liver transplants. DNA must be extracted in a CLIA or other suitably certified lab and cannot be from prenatal or tumor sources. Details at: www.invitae.com/specimen-requirements*

Specimen collection date (MM/DD/YYYY): _____ _____ _____ *For DNA, provide date retrieved from archive.*

TYRER-CUZICK SCORES may be requested by submitting the TC Supplemental Form found on the last page. *Patient must be over age 18 and test selection must include BRCA1 and/or BRCA2.*

PATIENT PERSONAL HISTORY OF CANCER (select all that apply)

◯ No personal history of cancer
◯ Breast cancer - Age of diagnosis: _____
  ◯ TNBC (triple negative breast cancer: ER-, PR-, Her2-) ◯ DCIS (ductal carcinoma in situ)
  ◯ IDC (invasive ductal carcinoma) ◯ ILC (invasive lobular carcinoma)
  ◯ Bilateral (two separate breast primaries)
◯ Endometrial/uterine cancer - Age of diagnosis: _____
  ◯ Tumor is MSI-high or IHC abnormal - Result: _____
◯ Ovarian/Fallopian tube/primary peritoneal cancer - Age of diagnosis: _____
  Additional information: _____
◯ Prostate cancer - Age of diagnosis: _____
  Metastatic: ◯ Yes ◯ No Gleason score: _____
◯ Pancreatic cancer - Age of diagnosis: _____
  Additional information: _____
◯ Colon/rectal cancer - Age of diagnosis: _____
  ◯ Tumor is MSI-high or IHC abnormal - Result: _____
◯ Colon/rectal polyps - Age of first diagnosis: _____
  Cumulative polyp #: ◯ 1-9 ◯ 10-19 ◯ 20-99 ◯ 100+ Pathology: _____
◯ Other cancer - Age of diagnosis: _____ Type: _____

Check if applicable to patient:
◯ Allogeneic bone marrow transplant recipient
◯ _____% on one of the Lynch syndrome risk models (PREMM1,2,6, MMRpro, or MMRpredict)
◯ This patient has a history of/current hematologic malignancy

PRIMARY INDICATION

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

FAMILY HISTORY OF CANCER (select all that apply)

◯ No known family history of cancer ◯ Patient is adopted
◯ Limited family structure (fewer than two 1st/2nd-degree female relatives beyond 45 years of age)

Relative's relationship to this patient	Maternal or paternal	Diagnosed condition	Age at diagnosis

REQUESTED VARIANTS (attach proband's report)

*To have the presence or absence of specific variants commented on in this patient's report, provide details below (optional). For Invitae family follow-up testing see the **NOTE** below that section.*

This patient's relationship to proband: ◯ Sibling ◯ Child ◯ Other: _____

Gene(s)/Variant(s): _____

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

INVITAE

Patient's first name

Patient's last name

INVITAE HEREDITARY CANCER SIMPLIFIED REQUISITION FORM

GENE-SPECIFIC FAMILY FOLLOW-UP TESTING

Invitae family follow-up testing is available for blood relatives of patients who receive pathogenic or likely pathogenic results (or approved VUS). For eligibility and billing information, visit www.invitae.com/family.

◯ **Family follow-up testing for**	**This patient's relationship to proband:**	**Gene(s) to be tested in this patient:**
Proband's Invitae Order ID: RQ# _____	◯ Parent ◯ Sibling ◯ Grandchild ◯ Child ◯ Other: _____	

NOTE: *The presence or absence of all variants identified in the proband for the gene(s) ordered for gene-specific family follow-up will be commented on in this patient's report unless a limited selection is specified in the* ***Requested Variants*** *section above. Invitae will report any Pathogenic/Likely Pathogenic variants found in this patient for the gene(s) ordered.*

By signing this form, I acknowledge that the patient (or the individual authorized to make decisions for the patient) has been supplied information regarding and consented to undergo genetic testing, as set forth in Invitae's Informed Consent for Genetic Testing (invitae.com/forms). I acknowledge that the patient has agreed that (1) for orders originating outside the US, the patient's personal information and specimen will be transferred to and processed in the US (2) Invitae may notify the patient of clinical updates related to genetic test results (in consultation with the ordering provider) (3) Invitae and its designees may release information concerning testing to the patient's insurer (if billing to insurance) (4) the patient is responsible for any amount the insurer does not pay or pays directly to the patient and the patient has agreed to make or pass through such payment to Invitae for services rendered. I attest that I am authorized under applicable law to order this test. If required by the patient's insurer, I attest that I offered pre-test genetic counseling to the patient or authorized Invitae to assist the patient in obtaining pre-test genetic counseling from a third party. I agree to the transfer of information from this TRF to a letter of medical necessity and/or other documentation using my name as the signature. For US ordering providers only: I consent and direct Invitae to share my contact information with third parties who may contact me directly in connection with patient results (opt out via online portal). For California providers only: I have the right to opt-out of certain uses of my data, and additional rights as detailed in Invitae's privacy policy (invitae.com/privacy/privacy-policy). For Montana providers only: I agree to keep on file and make available to Invitae, upon request, a copy of the consent form signed by the patient. If I am a delegate, I confirm I have authorization to (1) agree to all of the above and (2) sign this form and any supporting documents for Invitae on behalf of the ordering provider.

Medical professional or delegate signature (required)	**Date (MM/DD/YYYY)**

HEREDITARY CANCER SIMPLIFIED TEST CATALOG

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.

Test code	Test name	# gene(s)	Gene list
STAT Turnaround Time			
SPECIAL INSTRUCTIONS FOR STAT PANELS: These panels have an average turnaround time of 5-12 calendar days. DNA and buccal swab specimens are not accepted for STAT panels. STAT panels cannot be ordered with non-STAT panels/genes. NOTE: STAT panels do not require a Core Panel selection.			
◯ 50001	Invitae Hereditary Breast Cancer STAT Panel	7	BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11, TP53
	◯ 50001.1 Add-on Breast Cancer STAT genes	2	ATM, CHEK2
◯ 50002	Invitae BRCA1 and BRCA2 STAT Panel	2	BRCA1, BRCA2
This following section contains "core" and "expanded" panels. If an expanded panel is selected, a core panel must also be selected. Core panels may also be ordered by themselves.			
Core Panels (required if expanded panel is selected below)			
◯ 01701	Invitae BRCA1/2 Panel ▶ *For patients with personal/family history of breast, ovarian, prostate, pancreatic, melanoma, and/or other cancers.*	2	BRCA1, BRCA2
◯ 01702	Invitae Lynch Syndrome Panel ▶ *For patients with personal/family history of colorectal, endometrial/ uterine, pancreatic, small bowel, ovarian, gastric, pancreas, biliary tract, brain, bladder, urothelial, sebaceous neoplasms, and/or adrenocortical cancers.*	5	EPCAM, MLH1, MSH2, MSH6, PMS2
◯ 332000	Invitae Adenomatous Polyposis Panel ▶ *For patients with personal and/or family history of polyposis.*	2	APC, MUTYH
◯ Other	Customized Core Panel ▶ *Write up to 10 genes on your differential diagnosis list. Enter the gene(s) most likely to explain your patient's clinical history.*		_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Expanded Panels (if expanded panel is selected below a core panel must also be selected above)			
◯ 01101	Invitae Multi-Cancer Panel ▶ Reflex to this panel ◯ Regardless of initial results ◯ Only if negative (no pathogenic/likely pathogenic results)	70	AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, EPCAM, EGFR, FH, FLCN, GREM1, HOXB13, KIT, LZTR1, MAX, MBD4, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NF1, NF2, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL
◯ 01102	Invitae Common Hereditary Cancers Panel ▶ Reflex to this panel ◯ Regardless of initial results ◯ Only if negative (no pathogenic/likely pathogenic results)	48	APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, CTNNA1, DICER1, EPCAM, FH, GREM1, HOXB13, KIT, MBD4, MEN1, MLH1, MSH2, MSH3, MSH6, MUTYH, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, SDHA, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TP53, TSC1, TSC2, VHL
HEREDITARY CANCER SIMPLIFIED INDIVIDUAL GENES			
Individual gene write-in (select Core Panel above, if appropriate):			
The following panels do ***not*** *require a core panel selection.*			
Other Hereditary Cancer Panels			
◯ 01206	Invitae Hereditary Breast Cancer Guidelines-Based Panel	13	ATM, BARD1, BRCA1, BRCA2, CDH1, CHEK2, NF1, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53
◯ 01204	Invitae Hereditary Breast and Gyn Cancers Guidelines-Based Panel	19	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
◯ 01252	Invitae Hereditary Colorectal Cancer Guidelines-Based Panel	20	APC, AXIN2, BMPR1A, CHEK2, EPCAM, GREM1, MBD4, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
	◯ 01252.1 Add-on preliminary-evidence genes	2	MLH3, RNF43

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INVITAE | 1400 16th Street, San Francisco, CA 94103, USA | www.invitae.com/contact |

INVITAE TYRER-CUZICK SCORES SUPPLEMENTAL FORM

Form must be complete with as much detail as possible to provide the most accurate score for your patient. If your patient does not meet the criteria in the Patient eligibility section, do not complete this form as a TCS will not be reported out.

Patient eligibility

☐ **My patient meets all of the following eligibility criteria to order Tyrer-Cuzick scores:**

- Female, 18 - 84 years old
- No personal history of breast cancer
- No personal history of a known germline mutation in the following genes: ***ATM, BARD1, CDH1, CHEK2, NF1, PALB2, PTEN, STK11, TP53***
- Genetic test order must include the ***BRCA1*** and/or ***BRCA2*** genes

Personal health history

Weight: ________ lbs

Height: ____ ft ____ in

Age at menarche: ______

Parity status (select one):

○ Parous ○ Nulliparous ○ Unknown

Age at first live birth: ______

Menopausal status (select one):

○ Pre-menopausal ○ Peri-menopausal ○ Post-menopausal

Age at menopause (if post-menopausal): ______

Has the patient had germline genetic testing for the *BRCA1/BRCA2* genes?

○ Yes ○ No ○ Unknown testing/result

- If yes, what was the patient's germline *BRCA1* genetic test result?
  ○ Positive ○ Negative ○ VUS
- If yes, what was the patient's germline *BRCA2* genetic test result?
  ○ Positive ○ Negative ○ VUS

Has the patient ever used hormone replacement therapy (HRT)?

○ Yes ○ No ○ Unknown

- If yes, indicate HRT type (select one):
  ○ Estrogen only ○ Combined ○ Unknown
- If yes, indicate years of usage (select one):
  ○ Current user:
    - Used for _____ total years
    - Intended to use for _____ more years
  ○ Used less than 5 years ago:
    - Used for _____ total years
    - Used last _____ years ago
  ○ Used 5 or more years ago
  ○ Unknown

Breast health history

Has the patient had a prior abnormal breast biopsy of the following type?
(check all that apply)

☐ Hyperplasia (not atypical)
☐ Atypical hyperplasia
☐ Lobular carcinoma in-situ (LCIS)
☐ Prior biopsy, result unknown

Has the patient had a breast density assessment?

○ Yes ○ No ○ Unknown

- If yes, please indicate method and measure below (check all that apply):
  ☐ Volpara Volumetric Density ______%
  ☐ VAS Percentage Density ______%
  ☐ BIRADS ATLAS Density (select one):
  ○ Almost entirely fatty ○ Scattered fibroglandular density
  ○ Heterogenously dense ○ Extremely dense

Family history

Have any of the patient's blood relatives had breast and/or ovarian cancer or *BRCA* genetic testing?

○ Yes ○ No ○ Unknown

- If yes, complete chart below for 1st and 2nd degree blood relatives of patient. If additional blood relatives had cancer/genetic testing, attach a clinic note containing details described below.

How many of the below relatives does the patient have?

- number of sister(s): ______
- number of daughter(s): ______
- number of maternal aunt(s): ______
- number of paternal aunt(s): ______

Relative's relationship to patient *Write father, mother, grandmother, aunt, sister, half sister, brother, daughter, niece, or female cousin*	**Maternal/paternal?** *Select **only** for grandmother, aunt, half sister, or female cousin*	**Breast/ovarian diagnosis?** *Check all that apply and write age of diagnosis*	***BRCA1/BRCA2* test results?** *No selection if relative has not had genetic testing or test status is unknown.*
	○ maternal ○ paternal	☐ Breast: age of dx:____ ☐ Ovarian: age of dx:____	☐ *BRCA1* result: ○ pos ○ neg ○ VUS ☐ *BRCA2* result: ○ pos ○ neg ○ VUS
	○ maternal ○ paternal	☐ Breast: age of dx:____ ☐ Ovarian: age of dx:____	☐ *BRCA1* result: ○ pos ○ neg ○ VUS ☐ *BRCA2* result: ○ pos ○ neg ○ VUS
	○ maternal ○ paternal	☐ Breast: age of dx:____ ☐ Ovarian: age of dx:____	☐ *BRCA1* result: ○ pos ○ neg ○ VUS ☐ *BRCA2* result: ○ pos ○ neg ○ VUS
	○ maternal ○ paternal	☐ Breast: age of dx:____ ☐ Ovarian: age of dx:____	☐ *BRCA1* result: ○ pos ○ neg ○ VUS ☐ *BRCA2* result: ○ pos ○ neg ○ VUS

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