

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"/> French Canadian <input type="radio"/> Sephardic Jewish <input type="radio"/> Mediterranean <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 : <input type="radio"/> Blood <input type="radio"/> Saliva <input type="radio"/> Assisted saliva <input type="radio"/> DNA - source: DNA must be extracted in a CLIA or other suitably certified laboratory We are unable to accept blood/saliva from patients with: <ul style="list-style-type: none"> 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 : <input type="radio"/> History of/current hematologic malignancy <input type="radio"/> Resubmission	

REASON FOR TESTING	
Primary indication: <input type="radio"/> Hereditary breast and ovarian cancer (HBOC) <input type="radio"/> <input type="radio"/> <input type="radio"/> Other: _____	
ICD-10 codes	Previous results
Testing for a personal history of disease? <input type="radio"/> Yes <input type="radio"/> No If yes, describe below. Age at diagnosis: _____	

ORGANIZATION INFORMATION	
Organization name and address	
Organization name	
Phone	Fax
Address	
State	ZIP code
Country	
Primary clinical contact	
Name	Role/title
Phone	NPI
Email address (for report access)	
Ordering physician	
<input type="radio"/> 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) <input type="radio"/> I have attached an LMN and/or other documentation for insurance billing purposes. <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No If yes, describe in detail below or attach pedigree. If there is a known familial variant, indicate here.
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INSTITUTIONAL BILLING		
<input type="radio"/> 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: **AZ2**

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
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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 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. Please contact Client Services with any questions. For Invitae's 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 these forms, 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.

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

FREQUENTLY ORDERED HEREDITARY CANCER PANELS

01102	Invitae Common Hereditary Cancers Panel	46	APC, ATM, AXIN2, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, 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
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
01701	Invitae Hereditary Breast and Ovarian Cancer Syndrome Panel	2	BRCA1, BRCA2