MyChoice® CDx

Myriad HRD Companion Diagnostic Test

To avoid delays please complete entire form

Myriad genetics

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Test Request Form Sponsored Testing Program*

Please see the reverse page for patient eligibility and program terms and conditions.

1. Patient information (Complete information required)

Legal name (last)	Legal name (first)	(m.i.)	Sex at birth ☐M ☐F	Birthdate (mm/dd/yyyy)	Patient ID #

Email (this enables us to contact the patient to obtain consent where required by law) ☐ I don't have the patient's email	Cell phone	Daytime phone

Address	City	State	Zip

2. Ordering provider information (Only name and HCP Account # required unless you're a new customer or HCP # is unknown)

Name (last)	Name (first)	Myriad HCP account #	Degree	NPI #

Address	City	State	Zip

Office contact name	Phone	Fax	Email

3. Clinical information

Ovarian cancer (Select primary diagnosis):

☐ **Left ovary** ☐ **Right ovary**

☐ **Left fallopian tube** ☐ **Right fallopian tube**

☐ **Peritoneum** (cul-de-sac, mesentery, mesocolon, omentum, parietal, pelvic)

Age at diagnosis:

Date of biopsy or surgery: (mm/dd/yyyy)

At the time of biopsy or surgery:

☐ Hospital outpatient ☐ Non-hospital patient

☐ Hospital inpatient (>24 hour stay)

Discharge date: _____ (mm/dd/yyyy)

(Check if applicable to patient) ☐ **Bone marrow transplant recipient** **Type:** ☐ Autologous ☐ Allogeneic (If allogeneic please call 800-469-7423 x3850)

4. Test requested

☑ **Myriad MyChoice® CDx -** Next generation sequencing-based *in vitro* diagnostic test that assesses the qualitative detection and classification of single nucleotide variants, insertions and deletions, and large rearrangement variants in protein coding regions and intron/exon boundaries of the *BRCA1* and *BRCA2* genes and the determination of Genomic Instability Score (GIS) which is an algorithmic measurement of Loss of Heterozygosity (LOH), Telomeric Allelic Imbalance (TAI), and Large-scale State Transitions (LST) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The results of the test are used as an aid in identifying ovarian cancer patients with positive homologous recombination deficiency (HRD) status, who are eligible, because of a positive test result for deleterious or suspected deleterious mutations in *BRCA1* or *BRCA2* genes, or may become eligible, because of a positive test result for deleterious or suspected deleterious mutations in *BRCA1* or *BRCA2* genes or a positive Genomic Instability Score, for treatment with the approved targeted therapy for Lynparza® (olaparib). In addition, detection of deleterious or suspected deleterious *BRCA1* and *BRCA2* mutations and/or positive Genomic Instability Score in ovarian cancer patients is also associated with enhanced progression-free survival (PFS) from Zejula® (niraparib) maintenance therapy in accordance with the most recently approved therapeutic product labeling.
†When GIS is unable to be analyzed, tumor mutation *BRCA1/2* status alone may be reported.

5. Specimen information

# of block(s): **# of slide(s):**	**Tissue type submitted** (e.g., ovary):
Clinical stage: ☐ I ☐ II ☐ III ☐ IV	**Date specimen retrieved from archive:** (mm/dd/yyyy)
Clinical status: ☐ Recurrent ☐ Metastatic ☐ Relapsed ☐ Refractory ☐ Other	**Specimen Identification Number** as it appears on the tissue block(s) or slides submitted to Myriad Genetics:
Sample fixative: (check one): ☐ Fixed tissue ☐ Other (describe):	

6. Specimen retrieval

☐ **I want Myriad Genetic Laboratories, Inc. to request the specimen.** (Complete the information below.)

Location of specimen	Phone	Fax	Contact name

7. Authorized signature

I hereby attest and confirm that I am authorized by law in the relevant jurisdiction to order the requested test; the patient satisfies the eligibility criteria for the program, as listed on page 2; and, the test is clinically appropriate and medically necessary for the patient. I am not seeking reimbursement from any payers, including federal health care programs, for this test or for any other services provided in connection with the test. I have obtained the patient's consent, as required by law. I also agree to the Program Terms & Conditions, as listed on page 2.

Healthcare provider's signature Date

8. Billing The information below is in reference to the Program ID and not a bill to hospital account. No payment or additional information is required.

☑ **Bill our institutional account #:** BI 7889

*Sponsored Testing Program for Myriad MyChoice® CDx Terms and Conditions:

The Myriad MyChoice CDx Sponsored Testing Program (the "Program") is offered by AstraZeneca Pharmaceuticals (AstraZeneca) in order to address patient barriers to clinically appropriate, provider-prescribed testing. Through the Program, AstraZeneca, through an arrangement with Myriad Genetics (Myriad), makes the MyChoice CDx test available at no-charge for certain eligible patients with advanced ovarian cancer.

Patients must meet all of the following criteria to be eligible for the Program (collectively, the "Eligibility Criteria"):

- The patient has histologically confirmed advanced ovarian cancer
- The patient has received a prior test report that either
  - has a tumor *BRCA1/2* wild-type result from single gene test or multigene NGS panel (other than Myriad MyChoice CDx)
  - or, has a germline *BRCA1/2* wild-type result from a germline panel (collectively, a "Prior Test")
- Myriad is able to use a previously collected tissue sample from the patient in order to complete the test
- Testing the patient's sample is consistent with the MyChoice CDx label
- The patient has not previously received a MyChoice CDx test

The Program covers the cost of one MyChoice CDx test per eligible patient. To participate in the Program, the provider must submit to Myriad an attestation that confirms that: (i) the patient satisfies the Program Eligibility Criteria; (ii) the provider believes that the MyChoice CDx test is clinically appropriate and medically necessary for the patient; (iii) the provider is not seeking reimbursement for the MyChoice CDx test or other services provided in connection with the MyChoice CDx test; and (iv) the provider has obtained consent necessary to comply with applicable law.

The Program is open to any patient who meets the Eligibility Criteria, regardless of insurance status. There is no obligation to recommend, purchase, order, prescribe, promote, administer, use, or support any AstraZeneca, Myriad, or other third party product or service to participate in the Program.

The Program does not cover any additional services associated with the patient's treatment, including the cost of tissue collection. No patient, provider, or payer, including government payers, are billed for the Program. Providers may not seek reimbursement from any patient or third party payer (including commercial health plans and government health care programs) for the MyChoice CDx test or other services provided in connection with the Program.

AstraZeneca does not receive patient- or provider-identifiable information in connection with the Program.

AstraZeneca retains the right to amend to rescind the Program at any time. While AstraZeneca provides financial support for the Program, tests and services are performed by Myriad. AstraZeneca assumes no liability and provides no warranties for the testing services provided by Myriad.

The Program is available only in the United States in the 50 states and District of Columbia.