Personalized medicine can help guide treatment decisions for patients with breast cancer

EndoPredict®

The only test that answers *three clinical questions*, to provide you and your physician with better information that can impact your treatment.

- What is my risk of this cancer returning?
- Can I consider safely forgoing chemotherapy?
- Will I still need hormone therapy after 5 years?

Visit EndoPredict.com to learn more.

EndoPredict is designed for women with ER+, HER2– early-stage breast cancer (node-negative or node-positive (1-3 nodes), pre- or postmenopausal)

myriad®
WHEN DECISIONS MATTER

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EndoPredict®

TEST REQUEST FORM

TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

PATIENT INFORMATION			ORDERING PHYSICIAN (Only fill out first line unless new customer or HCP# is unknown)		
PATIENT NAME (LAST, FIRST, INITIAL)			NAME (LAST, FIRST, DEGREE)		MYRIAD HCP ACCOUNT NO: (If known)
PATIENT ID # (OPTIONAL)	○ FEMALE ○ MALE	BIRTH DATE (MM/DD/YYYY)	NPI #	E-MAIL ADDRESS	
STREET ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
DAYTIME PHONE NUMBER			OFFICE CONTACT	PHONE	FAX
E-MAIL			EMAIL		

CLINICAL INFORMATION

○ **Invasive Breast Cancer** Age at Dx: _____ Procedure (surgery or biopsy) Date: _____ (MM/DD/YYYY)

☐ Left Breast ☐ Right Breast

Tumor Stage: ○ pT1a (>0.1 cm but ≤0.5 cm) ○ pT1b (>0.5 cm but ≤1 cm) ○ pT1c (>1 cm but ≤2 cm) ○ pT2 (>2 cm but ≤5 cm) ○ pT3 (>5 cm) ○ pTx

Lymph Node Status: ○ pN0 (zero positive nodes) ○ pN1 (1-3 positive nodes; excluding pNmi) ○ pN1mi (>0.2 mm and/or >200 cells but <2mm) ○ pNx

For Medicare Patients Only:

At the time of procedure: ○ Hospital Inpatient (>24 hour stay) Discharge Date: _____ (MM/DD/YYYY) ○ Hospital Outpatient ○ Non-Hospital Patient

TEST REQUESTED

EndoPredict - a gene expression test to determine breast cancer prognosis. The test provides a 12-Gene Molecular Score. This can be combined with tumor size and node status to calculate an EPclin Risk Score, and the associated likelihood of distant cancer recurrence up to 10 years after invasive breast cancer diagnosis. Reported 10-year recurrence risks are based on analysis of a cohort of post-menopausal women with resected ER+/ HER2- invasive female breast cancer who have NOT been treated prior to resection with systemic neo-adjuvant therapy (e.g., chemotherapy, radiation therapy or endocrine therapy) and who do not have a current or prior diagnosis of an additional cancer. Risks may differ for individuals who do not meet the aforementioned clinical characteristics. This test is not appropriate for patients who have already experienced a distant recurrence.

SPECIMEN INFORMATION

Sample Fixative (check one): ○ 10% neutral buffered formalin ○ Other (describe): _____

Tissue Type Submitted: ○ Breast Resection (preferred) ○ Breast Biopsy

Date Specimen Retrieved from Archive: _____ (MM/DD/YYYY)

SPECIMEN RETRIEVAL

○ I want Myriad Genetic Laboratories, Inc. to request the specimen. (COMPLETE the information below.)

_____

LOCATION OF SPECIMEN | PHONE | FAX | CONTACT NAME

AUTHORIZED SIGNATURE

I hereby authorize testing and confirm that informed consent has been obtained, if required by state law. I hereby attest that the person listed in the Ordering Physician space above is authorized by law in the relevant jurisdiction to order the test(s) requested herein. By signing this form I attest that the patient meets the inclusion criteria stated in the Test Requested section above.

_____

HEALTHCARE PROVIDER'S SIGNATURE | DATE (MM/DD/YYYY)

BILLING/PAYMENT INFORMATION

○ **OPTION 1: PLEASE BILL INSURANCE** (For Medicare patients: only available if test order date is more than 2 weeks after discharge date)

Include enlarged copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.

○ **OPTION 2: PATIENT PAYMENT** (Please call Customer Service for questions regarding test prices)

○ **OPTION 3: OTHER BILLING** (To establish an account, submit billing information with this form)

○ Bill our institutional account #: _____ or established research project code #: _____ *or* Authorization/Voucher #: _____