



MYRIAD®

Myriad Genetic Laboratories, Inc.

# TEST SUBMISSION CHECKLIST FOR HEREDITARY CANCER SYNDROMES

Following these instructions will avoid delays in the testing process.

Test start will be delayed if the Test Request Form (TRF) is incomplete or the blood sample is improperly labeled.

1

## Complete the Test Request Form (TRF)

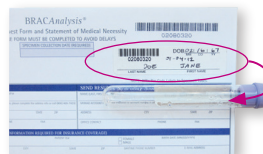
*Incomplete forms will delay processing*

*Did you...*

- Complete the family history?
- Get the required signatures?
- Obtain copies of insurance cards?

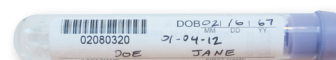
2

## Collect and label 7 mL sample using enclosed 10 mL vial(s)\*



- a) Complete TRF bar code label(s) with patient name and/or ID, date of birth, and specimen collection date

- b) Peel label(s) off the TRF and place on the vial(s)



- c) Please make sure the sample is at room temperature

3

## Prepare sample(s) for shipping

- a) Place 10 mL vial(s) into the 50 mL conical transportation tube(s) with the absorbent strip



- b) Place transportation tube(s) back into the cut-out location in test box



4

## Prepare test kit

*Place the following additional items into the test box for test submission:*

- Copies of patient insurance cards
- Completed TRF



5

## Assemble shipping envelope and ship♦

- a) Place the assembled test kit into the Myriad Clinical Pack Overwrap bag and affix the enclosed air bill on the front of the bag



- b) Samples can be shipped any day of the week  
c) Please do not write the patient's name on the test box

**NOTE:** If you don't have a regularly scheduled FedEx pickup, call 800-GO-FEDEX (800-463-3339) to request one.

Press "0" and specify that you are shipping with a prepaid air bill.

♦NOTE: It is the shipper's responsibility to ensure that the package containing a diagnostic specimen conforms to FedEx guidelines along with all applicable local, state, federal and international regulations.

**If you have any questions regarding your sample submission, please contact the Myriad Customer Service Department at 800-4-MYRIAD (800-469-7423)**

# **Myriad Genetic Laboratories, Inc.**

## **Instructions and Documentation Submission Requirements for Medicare Patients**

### **I. Determine if the patient meets Medicare coverage criteria for genetic testing:**

- Medicare's current coverage criteria are available on the Internet through the following redirecting link:

<http://www.myriadpro.com/medicarecriteria>

Please note: Patients who are in hospice care (at home or in a facility), in a hospital or in a skilled nursing facility do NOT have Part B Medicare coverage for laboratory testing. If these patients desire to pay for testing themselves, an ABN is required (see III below).

### **II. For patients who DO meet Medicare criteria for genetic testing, include with your specimen submission:**

- A fully completed Myriad Test Request Form (TRF).
  - Incomplete forms will not be processed
  - Include ICD-9 codes for patient diagnosis, including the specific cancer location
- A copy of the signed Informed Consent Form (adopted date 10/07 or newer).
- A legible photocopy of the front and back of the patient's Medicare card (enlarge if possible).

### **III. For patients who DO NOT meet Medicare criteria for genetic testing (including tests for which no Medicare coverage criteria exist, or when test CPT codes are not covered), include with your specimen submission all items in II above, plus:**

- A fully completed Advance Beneficiary Notice of Noncoverage (ABN) that indicates each test ordered for which the patient does not meet Medicare criteria.
  - Without an ABN, testing will not begin on patients who do not meet Medicare criteria.
  - A duplicate or faxed copy of the ABN is considered to be the same as the original.

- ABNs are available through the following links:

Hereditary Cancer: <http://www.myriad.com/lib/abn/Myriad-ABN.pdf>

Personalized Medicine: <http://www.myriad.com/lib/abn/Myriad-PM-ABN.pdf>

**If you have any questions regarding your sample submission, please contact:  
Myriad Customer Services: 800-4-MYRIAD (800-469-7423)**