



MYRIAD®

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BRACAnalysis®

Test Request Form and Statement of Medical Necessity

TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

SPECIMEN COLLECTION DATE (REQUIRED)

NOTE: Affix Bar Code Label to Specimen Tube

ORDERING PHYSICIAN and SEND RESULTS TO (IF OTHER THAN ORDERING PHYSICIAN) fields with name, NPI, address, and contact info.

PATIENT INFORMATION (COMPLETE INFORMATION REQUIRED FOR INSURANCE COVERAGE) fields with patient name, ID, birth date, gender, and address.

ANCESTRY AND CLINICAL HISTORY fields with checkboxes for Western/Northern Europe, Ashkenazi, Central/Eastern Europe, Latin American/Caribbean, Africa, Asia, Near East/Middle East, Native American, and Other.

PATIENT PERSONAL HISTORY OF CANCER and FAMILY HISTORY OF CANCER fields with checkboxes for various cancer types and family history details.

TESTS REQUESTED fields with checkboxes for Integrated BRACAnalysis, Multisite 3 BRACAnalysis, and Single Site BRACAnalysis, including gene and variant specifications.

INFORMED CONSENT AND STATEMENT OF MEDICAL NECESSITY section with a consent statement and signature/Date lines.

BILLING/PAYMENT INFORMATION section with OPTION 1: PLEASE BILL MY INSURANCE and OPTION 2: PATIENT PAYMENT fields.

REMINDER: INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD(S)

OPTION 3: OTHER BILLING field with checkboxes for institutional account, established research project code, or Authorization/Voucher #.