PSC Instructions: using the tab key to navigate, type info into applicable fields below. This red box won't appear in a printed/faxed document.

Ancestry and Clinical History Information Form

MYRIAD

Dear Physician/Healthcare Provider:
We received a Test Request or Insurance Verification Form for your patient listed below. Please complete the Ancestry and Clinical History information requested below, which is necessary either to document criteria for reimbursement (e.g., Medicare) or for verification of test propriety. Please complete, sign, and fax the form to my attention at 801-584-3615. Thank you.
Other specifics:

To: _____ **Date:** _____

Fax or Email: _____ **Myriad Case Number:** _____

Patient Name: _____ **Patient Services Coordinator:** _____

Patient Date of Birth: _____ **PSC Phone 800-469-7423 Extension:** _____

ANCESTRY

☐ Western/Northern Europe ☐ Central/Eastern Europe ☐ Neareast / Mideast ☐ Africa ☐ Other: _____

☐ Ashkenazi ☐ Latin American/Caribbean ☐ Native American ☐ Asia _____

PATIENT HISTORY OF CANCER

☐ None
☐ Breast, Invasive / Age @ Diagnosis _____
☐ Breast, DCIS / Age @ Diagnosis _____
☐ Ovary / Age @ Diagnosis _____
☐ Other / Age @ Diagnosis _____
☐ Colon, Adenoma (Polyp) / Age @ 1st Diagnosis _____
# of Adenomas to date: _____
☐ Colon, Invasive / Age @ Diagnosis _____
☐ Other Cancer _____ Age @ Diagnosis _____
☐ Other Cancer _____ Age @ Diagnosis _____
☐ Other Cancer _____ Age @ Diagnosis _____

FAMILY HISTORY OF CANCER

☐ None (No Family History)

Relationship _____ Site/Cancer _____ Age @ Diagnosis _____

Relationship _____ Site/Cancer _____ Age @ Diagnosis _____

Relationship _____ Site/Cancer _____ Age @ Diagnosis _____

Relationship _____ Site/Cancer _____ Age @ Diagnosis _____

Relationship _____ Site/Cancer _____ Age @ Diagnosis _____

Patient Diagnosis / (ICD-9) code(s): _____

If ordering a Single Site test for this patient, please specify which blood relative tested positive (e.g., sister, mother): _____

Physician/Healthcare Provider's Signature: _____ **Date:** _____

Myriad Genetic Laboratories, Inc. 320 Wakara Way, Salt Lake City, UT 84108 Customer Service Phone: (800) 469-7423 Fax (801)-584-3615