



EndoPredict®

TEST REQUEST FORM

TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

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PATIENT INFORMATION and ORDERING PHYSICIAN section containing fields for patient name, ID, birth date, gender, street address, city, state, zip, phone numbers, and email addresses.

CLINICAL INFORMATION section containing fields for cancer type, age at diagnosis, surgery date, tumor stage, lymph node status, and insurance information.

TEST REQUESTED section containing a paragraph of text explaining the EndoPredict test and its clinical application.

SPECIMEN INFORMATION section containing fields for sample fixative, tissue type submitted, and date specimen retrieved.

SPECIMEN RETRIEVAL section containing a checkbox for requesting specimen retrieval and fields for location, phone, fax, and contact name.

AUTHORIZED SIGNATURE section containing a statement of authorization and fields for the healthcare provider's signature and date.

BILLING/PAYMENT INFORMATION section containing three options for billing (insurance, patient payment, other billing) and fields for account numbers.