

VIRTUAL TESTING REQUEST COVER SHEET

Myriad offers you the ability to order a myRisk® Hereditary Cancer test for a patient virtually. Once you have determined that this test is appropriate and discussed it with your patient, fill out this cover sheet and send it to us along with a completed, signed test request form (TRF) and a copy of the patient's insurance information. We will send your patient a saliva test kit to collect a sample and begin testing. Results are available within 14-21 days on average.

Step 1: Patient Details

First Name _____ Last Name _____

Address: _____

City _____ State _____ Phone _____

Test type:

- One (1) myRisk Hereditary Cancer Test (saliva)
- One (1) BRACAnalysis CDx Test (Companion Diagnostic) (blood)

Step 2:

Submit this form along with the test request form and a copy of the patient's insurance information through fax or secure email.

Fax:
1-801-584-3615

Secure email:
csacessteam@myriad.com