Ambry Genetics®
A Konica Minolta Company

International Test Requisition Form - Page 1 of 2

COMPLETE ENTIRE FORM AND SUBMIT PEDIGREE/CLINIC NOTES TO AVOID DELAYS

To submit an order via email, please send the completed test requisition form to info@ambrygen.com

PATIENT INFORMATION

Name (Last, First, MI)	Sex at Birth ☐F ☐M	Date of Birth (MM/DD/YY)	MRN

Ethnicity: ☐African American ☐Asian ☐White ☐Hispanic ☐Portuguese ☐Other: | Ashkenazi Jewish ☐Yes ☐No

Address	City	State	Zip

Phone	Email	Preferred Billing ☐Self-pay ☐Institutional

SPECIMEN INFORMATION

Type(s) ☐Blood (EDTA preferred) ☐Saliva ☐DNA ☐Other:

Collection Date	Specimen ID	Medical Record #

ORDERING LICENSED PROVIDER/SENDING FACILITY

Facility Name (Facility Code)	Address
LifeStrands Genomics Pte Ltd (36527)	61 Science Park Road, #03-13/14, The Galen, Singapore 117525

Address (continued)

Ordering Licensed Provider Name (Last, First)(Code)	Phone	Fax	Email

Additional Results Recipients

Genetic Counsellor or Other Medical Provider Name (Last, First) (Code)	Phone/Fax/Email
	ambry@lifestrandsgx.com

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING
The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has given appropriate consent. I confirm that testing is medically necessary and that test results may impact medical management for the patient. Furthermore, all information on this TRF is true to the best of my knowledge.

Signature Required for Processing Medical Professional Signature: Date:

☐ INSTITUTIONAL BILLING (to be completed by institution or health authority providing payment)

Facility Name	Address (with country)	
LifeStrands Genomics Pte Ltd (36527)	61 Science Park Road, #03-13/14, The Galen, Singapore 117525	
Contact Name: Kam Siok Yuen	Phone Number: +65 6422 6322	E-mail/Fax: ambry@lifestrandsgx.com

☐ PATIENT PAYMENT ☐ Check (Payable to Ambry Genetics) ☐ Credit card (Call +1 949-900-5794)

Additional billing comments or other order #s (*i.e.* POs)

☐ Special Billing Notes:

Patient Acknowledgement: I acknowledge that the information provided by me is true and correct. I understand that my medical data will be transferred to the USA and I authorize such transfer. **For patient payment by credit card:** I hereby authorize Ambry Genetics Corporation to bill my credit card as indicated above. I authorize Ambry Genetics Corporation to verify the above information for the sole purpose of assessing financial need, including the right to seek supporting documentation.

Signature Required for Self-Pay Patients and Research Consent Patient or Legal Guardian Signature: *Date:*

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Patient Name: _____ DOB: _____

International Test Requisition Form - Page 1 of 2

CLINICAL HISTORY

PLEASE ATTACH PEDIGREE /CLINICAL CONSULTATION NOTES, IF AVAILABLE

Cardiac History ☐ Not Applicable

Sudden cardiac arrest ☐Y ☐N (if yes): # Episodes:_____
Age first incident: _____ # Episodes:_____ Age first incident:_____
Syncope ☐Y ☐N If yes, # Episodes: _____ Age first incident: _____
History of cardiomyopathy ☐Y ☐N Age at dx:_____
☐HCM ☐DCM ☐ARVC ☐LVNC ☐RCM
☐Other cardiomyopathy types:_____
History of Arrhythmia ☐Y ☐N Age at dx: _____
☐Long QT ☐Short QT ☐Brugada ☐CPVT ☐ARVC
☐Other arrhythmia types: _____

Other Clinical History

Cancer History

Cancer/Tumor	Age at Dx	Pathology and Other Info	Metastatic
Breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk	☐ Yes ☐ No
2nd primary breast		Type: ER☐(+) ☐(-) ☐unk PR☐(+) ☐(-) ☐unk HER2/neu☐(+) ☐(-) ☐unk	☐ Yes ☐ No
Colorectal		Location:	☐ Yes ☐ No
Ovarian		☐ Fallopian tube ☐ Primary peritoneal	☐ Yes ☐ No
Prostate		Gleason Score:	☐ Yes ☐ No
Uterine			☐ Yes ☐ No
Other Cancer		Type:	☐ Yes ☐ No
GI polyps		☐Adenomatous Polyp #:☐1 ☐2-5 ☐6-9 ☐10-19 ☐20-99 ☐100+ ☐Other type: Polyp #:☐1 ☐2-5 ☐6-9 ☐10-19 ☐20-99 ☐100+	☐ Yes ☐ No

Blood/saliva from patients with a history of allogenic bone marrow or stem cell transplant cannot be used for genetic testing. Blood/saliva from patients with active hematological disease is not recommended. An alternative specimen may be needed. Please see ambrygen.com/specimen-requirements for details.

FAMILY HISTORY

Relation to patient	Maternal	Paternal	Disease	Dx age
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

CANCER

Multi-Gene Testing

☐	BRCAplus®	8836	8 gene breast cancer test
☐	BRCANext™	8855	18 gene breast and gynecologic cancer test
☐	BRCANext-*Expanded*™	8860	23 genes breast and gynecologic cancer test
☐	CancerNext®	8824	36 gene cancer test
☐	CancerNext-*Expanded*®	8874	77 gene cancer test
☐	ColoNext®	8822	20 gene colorectal cancer test
☐	ProstateNext®	8845	14 gene prostate cancer test
☐	Other (Test Code, Test Name)		+RNAinsight®

CARDIOLOGY

Check to order	Test Name	Test Code	Description
Comprehensive Cardiovascular Panels			
☐	CardioNext®	8911	92 genes for hereditary cardiomyopathies and arrhythmias
Arrhythmia, Long QT, and Brugada Panels			
☐	RhythmNext®	8900	42 genes for inherited arrhythmias
Cardiomyopathy Panels			
☐	HCMNext®	8936	30 genes for hypertrophic cardiomyopathy
☐	DCMNext®	8884	37 genes for dilated cardiomyopathy

Check to order	Test Name	Test Code	Description
Cardiomyopathy Panels (Cont.)			
☐	CMNext®	8887	56 genes for hereditary cardiomyopathy
Familial Hypercholesterolemia			
☐	FHNext®	8680	4 genes (*APOB, LDLR, LDLRAP1, PCSK9*)

☐ Check this box if you would like to have the *SLCO1B1* c.521T>C polymorphism reported, which has been associated in medical literature with statin-induced myopathies

OTHER TESTS

☐ Test Name: | Test Code:

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Patient Name: _____ DOB: _____

International TRF - Hereditary Cancer Testing Supplemental Information

Hereditary Cancer Multi-Gene Tests

Test Name	Test Code	Genes
Adenomatous polyposis	8726	*APC, MUTYH*
BrainTumorNext® (29 genes)	8847	*AIP, ALK, APC, CDKN1B, CDKN2A, DICER1, EPCAM, LZTR1, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL*
BRCANext™ (18 genes)	8855	*ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53*
BRCANext-*Expanded*™ (23 genes)	8860	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, RECQL, SMARCA4, STK11, TP53*
BRCAplus® (8 genes)	8836	*ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, TP53*
CancerNext® (36 genes)	8824	*APC, ATM, AXIN2, BARD1, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, GREM1, HOXB13, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RECQL, SMAD4, SMARCA4, STK11, TP53*
CancerNext-*Expanded*® (77 genes)	8874	*AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, EGFR, EGLN1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIF1B, KIT, LZTR1, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
ColoNext® (20 genes)	8822	*APC, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53*
CustomNext-*Cancer*® (up to 91 genes) Required: complete CustomNext-*Cancer* supplemental form. ambrygen.com/forms	9510	*AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CFTR, CHEK2, CPA1, CTNNA1, CTRC, DICER1, EGFR, EGLN1, EPCAM, FAM175A (ABRAXAS1)*, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, KIF1B, KIT, LZTR1, MAX, MEN1, MET, MITF, MLH1, MLH3*, MRE11A*, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PALLD*, PDGFRA, PHOX2B, POT1, PMS2, POLD1, POLE, PRKAR1A, PRSS1, PTCH1, PTEN, RAD50*, RAD51C, RAD51D, RB1, RECQL, RET, RINT1*, RPS20*, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, SPINK1, STK11, SUFU, TERT*, TMEM127, TP53, TSC1, TSC2, VHL, XRCC2*
HBOC	8838	*BRCA1, BRCA2*
Lynch syndrome/HNPCC	8517	*MLH1, MSH2, MSH6, PMS2 + EPCAM del/dup*
MelanomaNext® (9 genes)	8849	*BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53*
PancNext® (13 genes)	8042	*APC, ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53*
Pancreatitis panel (6 genes)	8022	*CASR, CFTR, CPA1, PRSS1, SPINK1, CTRC*
PGLNext® (14 genes)	5504	*EGLN1, FH, KIF1B, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL*
ProstateNext® (14 genes)	8845	*ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53*
RenalNext® (20 genes)	5900	*BAP1, CHEK2, EPCAM, FH, FLCN, MET, MITF, MLH1, MSH2, MSH6, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL*

Genes Eligible for **+RNAinsight®**: *APC, ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, NF1, PALB2, PMS2 EX1-10, PTEN, RAD51C, RAD51D, TP53*

* Limited evidence gene