

IF YOU HAVE FILLED THIS OUT WITHIN THE LAST 12 MONTHS AND HAVE NO NEW CANCERS TO REPORT CHECK HERE AND STOP FILLING OUT FORM:

PATIENT NAME: _____ DOB: _____ DATE: _____

Have you ever had BRCA or Lynch testing? **YES or NO** Year tested? _____ PROVIDER NAME: _____

Have you or a family member had any of the following cancer presentations? Answer YES or NO Please LIST your history of cancers AND your relatives with cancers on your MOTHER's (M) and FATHER's (P) Side. Please include Parents, Siblings, Children, Aunts/Uncles, Grandparents, Nieces/Nephew and grandchildren. (First and second degree relatives)

Please circle YES or NO	SELF	Specify your Relative(s)	Specify Cancer	Age of Diagnosis
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Integrated BRCAanalysis with Myriad myRisk Hereditary Cancer Panel

Yes	No	BREAST Cancer in YOURSELF at any age	YOURSELF	YOURSELF	BREAST	ANY AGE ____
Yes	No	BREAST Cancer under age 50			BREAST	
Yes	No	OVARIAN Cancer at any age			OVARIAN	
Yes	No	Three BREAST Cancers on the same side of family (any age)		1. 2. 3.	BREAST BREAST BREAST	1. 2. 3.
Yes	No	PANCREATIC Cancer at any age			PANCREATIC	
Yes	No	Two BREAST Cancers in one person		1.	BREAST BREAST	1. 2.
Yes	No	Male Breast Cancer at any age	X		MALE BREAST	

Colaris Plus with Myriad myRisk Hereditary Cancer Update Test

Yes	No	COLON or ENDOMETRIAL Cancer in YOURSELF under age 65	YOURSELF			
Yes	No	Three or more of the following Cancers on the same side of the family: COLON / ENDOMETRIAL / OVARIAN / GASTRIC		1. 2. 3.	1. 2. 3.	1. 2. 3.

Multisite 3 BRCAanalysis with Reflex to integrated BRCAanalysis with Myriad myRisk

Yes	No	Ashkenazi Jewish ancestry with one BREAST, OVARIAN, PANCREATIC or PROSTATE Cancer at any age				Aggressive Prostate? Y/N
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DO YOU HAVE OTHER CANCERS IN YOUR FAMILY YOU WANT TO TELL US ABOUT? LIST THEM HERE:

Patient is NOT appropriate for testing
 Patient is appropriate for testing
 Patient offered genetic testing: **Accepted** OR **Declined** OR **Undecided**

HCP Signature: _____