# **Order Form and Statement of Medical Necessity** ———Tel. 866.ONCOTYPE | oncotypeDX.com —

Contact Name

Phone

Address





Complete and Fax to 866.444.0640

TECT O CLINICAL INFORMATION			Study Information/Code	
TEST & CLINICAL INFORMATION				
Invasive Breast Cancer	Ductal Carcinoma in Situ	Colon Cancer		
☐ Oncotype DX Breast Recurrence Score® Test	Oncotype DX Breast	Important: Stage (AJCC 6th ed.) and Assay s	selection informs the results on the report.	
NODAL STATUS: Invasive Tumor Size (cm):	DCIS Score® Test	Clinical Stage II Patient	Clinical Stage III A/B Patient	
(based on excisional biopsy	DCIS Tumor Size (cm):	(T3 or T4) AND Node Negative	Any T AND 1-3 Positive Nodes	
□ Negative pathology report) □ Micromets		Oncotype DX Colon Recurrence Score®	Onactiving DV Colon Deguiyanga	
nNmi (0.2.2.0mm)		Uncotype DX Colon Recurrence Score®	Oncotype DX Colon Recurrence Score Test	
Positive 1-3	Provide accurate tumor size based on excisional biopsy pathology report			
I ne patient is a candidate	Missing or inaccurate tumor size will	PHYSICIAN SIGNATURE AND ATTES	STATION	
	impact the risk estimates on the report, and you may be contacted.	Your signature constitutes a Statement of Medical	Necessity (SOMN) and your attestation of	
a Livinot rested a res a no	eport, and you may be contacted.	the following: 1) accurate clinical information has b estimates and clinical interpretation provided on tl	een entered above, as this informs the risk	
	Status: Menopausal Status*:	criteria sections of the form do not indicate otherv	vise, the patient meets the assay criteria	
Positive Positive Posi		described in the 'Test & Clinical Information' section necessary and test results will be used with other of		
Negative Negative Neg	🛏 Postmenopausai	appropriate treatment plan for the patient; 4) the	patient has consented for this test to	
Inconclusive D Inconclusive by IHC D Equi	Premenopausal	be performed, and for Exact Sciences to release to obtain reimbursement. 5) Delegate has the auth	orization to sign supporting forms	
Not rested	Unknown	and documents on behalf of the Ordering Physicia	n for Exact Sciences orders.	
		-		
		Ordering Physician Signature	Date (mm/dd/yyyy)	
Practice Account			. , , , , , , , , , , , , , , , , , , ,	
Ordering Physician Name	Fax	Print Physician Name		
	- <del>-</del>			
Empil				
Email				
Contact Name	Phone			
Additional Physician/Report Recipient (Optional)	Phone			
		Evention Critaria/Comments		
Fax Email		Exception Criteria/Comments		
PATIENT INFORMATION		BILLING INFORMATION		
TATILITY IN SIGNATURE				
B.C. I.N		Submitting Diagnosis	ICD-10 Code	
Patient Name (Last, First, MI)		Submitting Diagnosis		
	☐ Female ☐ Male	Billing Type: COMPLETE the following & attach a co	py of patient's insurance card (front/back)	
DOB (mm/dd/yyyy)				
DOD (IIIII) dd/ yyyy)		lue Private Insurance $lue$ Medicare $lue$ Medicaid		
DOB (IIIII/ad/yyyy)			Contracted accounts only	
Medical Record / Patient # (If applicable)		Hospital Status  Hospital Inpatient  Hospit	Contracted accounts only	
		Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay)	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)		Hospital Status  Hospital Inpatient  Hospit	Contracted accounts only cal Outpatient  In-Office Procedure	
		Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay)	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address		Hospital Status Hospital Inpatient Hospit (>24 hour stay)  Inpatient Discharge Date	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)		Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay)	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address  City State Zip Country		Hospital Status Hospital Inpatient Hospit (>24 hour stay)  Inpatient Discharge Date	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address	al)	Hospital Status Hospital Inpatient Hospit (>24 hour stay)  Inpatient Discharge Date	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address  City State Zip Country	al)	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date Primary Insurance Company Name	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional		Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date Primary Insurance Company Name	Contracted accounts only cal Outpatient  In-Office Procedure	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reve		Hospital Status Hospital Inpatient Hospit (Nedicare Only) Hospital Inpatient Hospit (Nedicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries In No Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL	rse side for details.	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reve	rse side for details.	Hospital Status Hospital Inpatient Hospit (Nedicare Only) Hospital Inpatient Hospit (Nedicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries In No Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL	rse side for details.	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries   No   Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path	rse side for details.	Hospital Status Hospital Inpatient Hospit (Nedicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Pring Physician to request specimen from Pathor	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reversible SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  ering Physician to request specimen from Pathology	Contracted accounts only cal Outpatient  In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries   No   Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  ering Physician to request specimen from Pathology Contact Name  S — No substitutions for this assay	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reversible SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  ering Physician to request specimen from Pathology  Contact Name  — No substitutions for this assay  ID(s) Only one specimen is typically required. The Or	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  coctype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reversible SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone	rse side for details.  nology	Hospital Status Hospital Inpatient Hospit (Medicare Only) (>24 hour stay) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  ering Physician to request specimen from Pathology Contact Name  S — No substitutions for this assay	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  cotype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reversible SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Hospital Inpatient Hospit (See Hour stay)  Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Prior Authorization # (if applicable)  Contact Name  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Original be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  coctype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reversible SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Pring Physician to request specimen from Pathology  Contact Name  — No substitutions for this assay  ID(s) Only one specimen is typically required. The Orill be completed on the specimens in the order listed by the specimen in the order listed by the specimen in the order listed by the specimens in the	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  coctype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone  PATHOLOGY AND SPECIMEN INFORMATION	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Hospital Inpatient Hospit (See Hour stay)  Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Prior Authorization # (if applicable)  Contact Name  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Original be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  coctype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries In No In Yes Quantity Multiple Primaries will be run sequentially. See revelopment of Specimen Path  1) Exact Sciences to request specimen from Path  Location of Specimen Phone  PATHOLOGY AND SPECIMEN INFORMATION  Account	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Hospital Inpatient Hospit (See Hour stay)  Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Prior Authorization # (if applicable)  Contact Name  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Original be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only cal Outpatient In-Office Procedure  Member ID  Member ID  logy  coctype  Specimen Barcode	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Options Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path Location of Specimen Phone  PATHOLOGY AND SPECIMEN INFORMATION	Fax  ON — Submit within 24 hours  Specimen DX assay w For multiple 1) 2)	Hospital Status Hospital Inpatient Hospit (Medicare Only) Hospital Inpatient Hospit (See Hour stay)  Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Prior Authorization # (if applicable)  Contact Name  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Original be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only sal Outpatient In-Office Procedure  Member ID  Member ID  Incotype Specimen Barcode Affix Specimen barcode here	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries No Yes Quantity Multiple Primaries will be run sequentially. See reverse SPECIMEN RETRIEVAL  1) Exact Sciences to request specimen from Path  Location of Specimen Phone  PATHOLOGY AND SPECIMEN INFORMATION  Account  Submitting Pathologist Name	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Hospital Inpatient Discharge Date Inpatient Discharge Date Inpatient Discharge Date Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Prior Authorization # (if applicable)  Contact Name  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Orill be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only tal Outpatient In-Office Procedure  Member ID  Member ID  Specimen Barcode Affix Specimen barcode here	
Medical Record / Patient # (If applicable)  Address  City State Zip Country  Primary Phone Alternative Phone (Optional Multiple Primaries In No In Yes Quantity Multiple Primaries will be run sequentially. See revelopment of Specimen Path  1) Exact Sciences to request specimen from Path  Location of Specimen Phone  PATHOLOGY AND SPECIMEN INFORMATION  Account	rse side for details.  hology	Hospital Status Hospital Inpatient Hospit (Medicare Only) Inpatient Discharge Date  Primary Insurance Company Name  Prior Authorization # (if applicable)  Secondary Insurance Company Name  Pring Physician to request specimen from Pathology  Contact Name  S — No substitutions for this assay  ID(s) Only one specimen is typically required. The Original be completed on the specimens in the order listed by primaries, list the most aggressive tumor first.	Contracted accounts only tal Outpatient ☐ In-Office Procedure  Member ID  Member ID  Ilogy  Cotype Affix Specimen Barcode Affix Specimen barcode here	

### **REQUISITION FORM INSTRUCTIONS**

Online ordering is available at online.genomichealth.com. For assistance in setting up a Portal Account for online ordering, please contact Customer Service at 866-ONCOTYPE or oncotype@exactsciences.com.

#### STUDY INFORMATION

 If the order is associated with a Exact Sciences involved study, enter the applicable study code.

#### **TEST & CLINICAL INFORMATION**

- 1. Select the requested test and enter clinical information where required.
  - a. Invasive Breast Cancer patients
    - i. Ensure the ER, PR status and nodal status are accurate, as this information informs the report results.
      - 1. A specimen submitted for the Oncotype DX Breast Recurrence Score® Test must be hormone receptor positive (HR+) by an immunohistochemical study for the estrogen receptor (ER) and/ or the progesterone receptor (PR) by a referring laboratory or the quantitative RT-PCR method used by Exact Sciences. If Exact Sciences determines that the submitted specimen is negative for both ER and PR by IHC and RT-PCR, a result will not be reported and the patient/payer will not be billed.
      - 2. The nodal status is required to determine the extent of the clinical experience information to be included in the report for your patient. If the nodal status is not provided, a report with clinical experience for both node negative and node positive specimens will be sent.
    - ii. Result reports will include ER, PR, and HER2 scores.
    - iii. Premenopausal status is <6 months since last menstrual period (LMP) and postmenopausal status as prior bilateral oophorectomy or >12 months since LMP with no prior hysterectomy. If these definitions do not apply, participants are categorized as premenopausal if age <50 or postmenopausal if age >50.
  - b. Ductal Carcinoma In Situ patients (no invasive breast cancer present)
    - i. Result reports will include ER and PR scores.
    - Provide accurate tumor size. Missing or inaccurate tumor size will impact the risk estimates on the report, and you may be contacted.
    - iii. The tumor size should be based on the excisional biopsy pathology report. If no residual DCIS was found on the excisional biopsy, use the tumor size determined on the core biopsy pathology report. If the tumor size is not reported, please write "Not Available."
  - c. Colon Cancer patients
    - i. The use of the test in in clinical stage II MMR-Deficient or in clinical stage III C patients has limited clinical applicability.
- In some cases, Exact Sciences may use additional assessment methods, including confirmatory testing for HER2 status, to verify that the specimen meets the criteria for the Oncotype DX test.
- Clinical information may be required for payor coverage determinations.
   If it is not provided, Exact Sciences may use the pathology report to obtain this information for reimbursement purposes.

## PHYSICIAN INFORMATION

- Enter the contact information for the Ordering Physician. You may also enter the contact information for another healthcare provider who is treating the patient and should receive a copy of the report.
- Assay results will be delivered to the Ordering Physician and additional recipients via the secure online portal and/or by fax based on the physicians' report delivery preferences on file at Exact Sciences. To establish or change report delivery preferences, please contact Customer Service.

## PHYSICIAN SIGNATURE & ATTESTATION

- 1. The signature must be of an Ordering Physician (treating physician or pathologist) or his/her authorized delegate. Stamped signatures are not acceptable. If this order form is completed by the Physician's representative, the patient's medical record must contain the signed order from the Ordering Physician.
- 2. If the Requisition Form attestation has been signed and no exception criteria have been entered in the comments section, you attest that the patient meets the requirements for the test:
  - a. Invasive Breast Cancer: Newly diagnosed female patients with anatomic Stage I, II, or IIIA (T1-3, N1-2) hormone receptor positive (HR+) breast cancer.
  - b. DCIS: Newly diagnosed female patients with DCIS (Stage 0, Tis, N0, M0).
     For Medicare Beneficiaries, the patient must meet the additional Medicare patient eligibility criteria:
    - i. Patient is a candidate for breast conserving surgery or breast conserving surgery plus radiation
    - ii. Test results are being used to determine treatment choice between surgery and surgery plus radiation
    - iii. Patient has not received and is not planning on receiving a mastectomy.
  - c. Colon Cancer: Newly diagnosed Stage II or III A/B colon cancer patients with adenocarcinoma or mucinous carcinoma.

#### PATIENT INFORMATION

- 1. Enter the patient information.
- 2. Indicate whether multiple primaries are being submitted for the patient.
  - a. Multiple tumor specimens will be tested sequentially.
  - b. For invasive breast cancer tests, if first tumor generates a Recurrence

- Score® result ≤ 25, the second tumor specimen will be automatically processed. If first tumor generates a Recurrence Score result > 25, Customer Service will contact the ordering physician to determine how to proceed.
- c. If multiple tests are processed, there will be a charge for each test.

  Contact Customer Service to discuss insurance coverage information.

#### BILLING INFORMATION

- 1. Enter the ICD-10 code that will be used for billing and reimbursement purposes.
- 2. Select the entity to be billed.
  - a. If the patient has Medicare Advantage or Managed Medicaid, select "Private Insurance."
  - b. If patient is accepting financial responsibility for the cost of the test, Customer Service will contact the Ordering Physician's office to collect payment information.
  - c. Before selecting Contracted Account, verify with Exact Sciences that you have a contracted account on file.
- 3. If the patient's insurance is Medicare, enter the hospitalization status. If Inpatient, enter the date of discharge from the hospital. All Medicare patients will have an eligibility check and may be contacted during the process.
- 4. Complete the Primary and Secondary Insurance Information fields.
- 5. Include a copy of the front and back of both the primary and secondary insurance cards.
- Exact Sciences will use the statement of medical necessity you provide to expedite insurance appeals.

#### SPECIMEN RETRIEVAL

- 1. If indicated, Exact Sciences will request the retrieval of the appropriate specimen for the ordered assay on your behalf.
- 2. If the specimen retrieval section is not completed and the specimen is not submitted with the Order Form and Statement of Medical Necessity, Exact Sciences will request the specimen on your behalf. Exact Sciences will contact your office to determine the location of the patient's specimen.

#### PATHOLOGY & SPECIMEN INFORMATION

- 1. Enter the identification number for the most representative specimen (i.e. the longest linear length of the highest grade tumor) on the appropriate line.
- If multiple primaries are being submitted, enter the most aggressive tumor on line one; it will be processed first.
- 3. While the Exact Sciences laboratory can accept tumor blocks and unstained slides, blocks are preferred.
- 4. Include a copy of the pathology report corresponding with the sample planned for evaluation with the Specimen Kit submission box. The pathology report may be used for reimbursement and/or administrative purposes.
- 5. If more than one tumor is being submitted for the patient, each tumor must be labeled with a unique Specimen Barcode (S-Barcode). Exact Sciences is not responsible for selecting the order in which specimens will be run. Exact Sciences will use the specimens in the order listed to complete the test.

## SPECIMEN PREPARATION INSTRUCTIONS

- 1. For specimen criteria and specimen preparation instructions, visit oncotypeiq.com.
- 2. Please send either:
  - One fixed paraffin embedded tumor block.
  - Fifteen 5 µm serial unstained slides.
     IMPORTANT: Hand number the serially sectioned slides to indicate the order in which they were cut.
- 3. Formalin is the preferred fixative. Tissues processed in other fixatives should not be submitted.
- 4. Label all specimens with barcode labels from the Specimen Collection and Transportation Kit. Affix a coinciding barcode in the designated area on the Order Form. (Discard any remaining barcodes; do not use for future submissions.)
- Label the specimens with an additional patient-specific identifier (e.g. patient name, date of birth, hospital number, order number, accession number).
   All specimens require two patient-specific identifiers for processing.
- If you have any questions, please contact customer service at the phone number listed on the front side of this form.

## DOMESTIC SHIPPING INSTRUCTIONS

- 1. Before shipping, make a copy of the Order Form and Statement of Medical Necessity and retain it for your records.
- 2. Place the Oncotype DX Specimen Kit into the FedEx® Clinical Pak.
- 3. Complete the FedEx US Airbill. The airbill is pre-printed with Genomic Health shipping information.
- 4. Seal the Clinical Pak by removing the plastic adhesive protector from the white strip and secure.
- 5. Place the package in the designated FedEx pickup location at your site.
- 6. If your site does not have standard FedEx pickup, call 800-GO FEDEX (800-463-3339) to arrange for pick up.
- To order additional kits, email Customer Service at oncotype@exactsciences.com.

©2021 Genomic Health, Inc. All rights reserved. Genomic Health, Oncotype DX, Oncotype DX Breast Recurrence Score, Oncotype DX Colon Recurrence Score, Oncotype DX Breast DCIS Score and Recurrence Score are trademarks or registered trademarks of Genomic Health, Inc., a wholly owned subsidiary of Exact Sciences Corporation. Exact Sciences is a registered trademark of Exact Sciences Corporation.