INVITAE

ORDER ONLINE at www.invitae.com/signin.

ORDER ID
For Invitae internal use only

INVITAE REQUISITION FORM

PATIENT INFORMATION

First name | MI | Last name | Date of birth (MM/DD/YYYY)

Biological sex: ○ Male ○ Female

MRN (medical record number)

Ancestry: ○ Asian ○ Black/African American ○ White/Caucasian ○ Ashkenazi Jewish ○ Hispanic ○ Native American ○ Pacific Islander ○ French Canadian ○ Sephardic Jewish ○ Mediterranean ○ Other: _____

Email address (for billing contact and report access after clinician releases)

Mobile phone (for billing contact)

Address

City | State/Prov | Zip/Postal code | Country

Ship a saliva kit to this patient (to submit this request, fax this completed requisition form to Invitae Client Services at 415-276-4164)

○ Ship kit to address above ○ Ship kit to alternate address: _____

CLINICAL INFORMATION

Organization name	Phone	Fax

Address	City	State/Prov	ZIP/Postal Code	Country

CLINICAL TEAM

Primary clinical contact (contact for general inquires)

Name	NPI	Email address (for report access)

Ordering provider ○ Same as primary clinical contact

For your convenience, we have provided multiple fields below to pre-populate your organization's provider list. For each order, indicate one ordering provider.

	Name	NPI	Email address (for report access)
○			
○			
○			
○			
○			

Additional clinical or laboratory contacts (optional; share online access to this order with the contacts below)

○ Share this order with the primary clinical contact's default clinical team (establish and manage team online at www.invitae.com/signin)

Name	Email address (for report access)	Name	Email address (for report access)
Name	Email address (for report access)	Name	Email address (for report access)

○ INSURANCE BILLING (attach front and back of insurance card)

Attach clinical notes, medical records, and/or letter of medical necessity (LMN) to prevent delays. We do not accept insurance for certain tests *or* patients outside the US. www.invitae.com/billing

Policyholder name	Patient relationship to policyholder: ○ Self ○ Spouse ○ Child ○ Other: _____			Medicare insurance billing only (select one): ○ Patient was treated as a hospital inpatient (more than a 24 hour stay) in the last 14 days ○ Not a hospital patient
Primary insurance company name	Primary member ID#	Primary insurance phone	Prior-authorization #	
Secondary insurance company name	Secondary member ID#	Secondary insurance phone	Prior-authorization #	

○ PATIENT PAY BILLING

Invitae will send an electronic invoice to the patient email listed above. Insurance will not be billed.

○ INSTITUTIONAL BILLING

Invitae will send an invoice to the organization address above. Please contact Invitae if this order should be billed to a different location.

○ PARTNERSHIP PROGRAMS

Invitae partner code:

INVITAE

Patient's first name

Patient's last name

INVITAE DIAGNOSTIC REQUISITION FORM

SPECIMEN INFORMATION

Label each tube with the patient's full name, date of birth, and specimen collection date. A requisition form MUST accompany each specimen. www.invitae.com/specimen-requirements

Collection date (MM/DD/YYYY)

If not provided, date will be 1 day prior to our receipt of specimen. For DNA, provide date retrieved from archive.

Specimen type

◯ Blood ◯ Saliva ◯ DNA - source: _____

DNA must be extracted in a CLIA or other suitably certified laboratory. We are unable to accept blood or saliva from patients with allogeneic bone marrow transplants or a blood transfusion <2 weeks prior to specimen collection.

Specimen ID (IB # on tube):

Is this patient deceased? ◯ Yes ◯ No

Deceased date (MM/DD/YYYY)

REASON FOR TESTING

Primary indication:

ONCOLOGY

◯ Hereditary breast and ovarian cancer (HBOC) syndrome
◯ Lynch syndrome
◯ Polyposis (FAP)
◯ Other: _____

CARDIOLOGY

◯ Aortopathy
◯ Cardiomyopathy
◯ Arrhythmia
◯ Other: _____

OTHER

◯ Neurology
◯ Other: _____

ICD-10 codes (required for insurance billing)

PERSONAL HISTORY

Is/was this patient affected or symptomatic†? ◯ Yes ◯ No If yes, describe below and attach clinical notes.

Age at diagnosis: _____

†Symptomatic means the patient has features or signs known or suspected to be related to the genetic testing being ordered and could include findings on physical examination, laboratory tests, or imaging.

Is there a hematological malignancy in this patient (current or history of)? ◯ Yes ◯ No

Has this patient had genetic testing before? ◯ Yes ◯ No If yes, write test results and attach the report.

FAMILY HISTORY

Is there a family history of disease for which the patient is being tested? ◯ Yes ◯ No

If yes, describe below and attach pedigree and/or clinical notes.

Relationship to patient	Maternal or paternal	Diagnosed condition	Age at diagnosis

TEST SELECTION

OPTION 1: SELECT AN INVITAE PANEL FROM OUR TEST CATALOG

Select your desired test(s) from the attached test catalog and discard any pages without a selection.

OPTION 2: INVITAE TEST CODE

Indicate test IDs here (reference www.invitae.com/tests or our test catalog). Test IDs containing add-on codes will include the original panel as well as the add-on.

Test code	Add-on code (optional)	Test code	Add-on code (optional)

OR

Invitae supports customization of your test. To create a custom panel, log in to your Invitae portal account or contact Client Services. Then indicate the ID associated with that panel here.

Custom panel ID

OPTION 3: FAMILY FOLLOW-UP TESTING

Invitae family follow-up testing is available at no additional charge for blood relatives of patients who receive pathogenic or likely pathogenic results (or approved VUS). Learn more at www.invitae.com/family.

Invitae proband RQ# _____

Relationship to proband _____

Gene(s) _____

Variant(s) _____

Invitae's family follow-up testing analyzes the variant(s) indicated above. If you would like this report to include any variants of uncertain significance and be eligible for re-requisition, please include billing information on this requisition form and check here: ☐

AUTOMATIC REFLEX: Invitae offers one re-requisition at no additional charge for tests within the same clinical area (www.invitae.com/re-requisition). Preschedule it here or in your Invitae portal.

Conditions for reflex: ◯ Regardless of initial results ◯ Only if negative (no pathogenic/likely pathogenic results)

Reflex test: **Test code** . **Add-on code (optional)**

By signing this form, the medical professional acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in Invitae's Informed Consent for Genetic Testing (www.invitae.com/forms). For orders originating outside the US, the Patient has been informed their personal information and specimen will be transferred to and processed in the US. The Patient has been informed that Invitae may notify them of clinical updates related to genetic test results (in consultation with the ordering medical professional). If insurance billing is selected, the Patient has been informed and authorizes Invitae Corporation ("Invitae") and its designees to release information concerning testing to their insurer. The medical professional agrees to allow Invitae (1) to transfer the information from this TRF to a letter of medical necessity and/or other documentation using the medical professional's name as the signature as well as (2) assist the patient in obtaining pre-test genetic counseling from a third-party service, as required by the patient's insurance provider. I acknowledge that the Patient has agreed that if the Patient's insurer does not reimburse Invitae in full for any reason then Invitae may bill the Patient for the services and the Patient will remit payment to Invitae. For amounts the Patient receives from the insurer, the Patient has agreed to remit payment to Invitae for services rendered. I acknowledge that I offered pre-test genetic counseling to the Patient, if required by their insurer. I attest that I am authorized under applicable law to order this test.

Medical professional signature (required)

Date (MM/DD/YYYY)

WITHIN THE US | p: 800-436-3037 | f: 415-276-4164 | e: clientservices@invitae.com | OUTSIDE THE US | p: +1 415-930-4018 | www.invitae.com/contact | e: globalsupport@invitae.com
INVITAE | 1400 16th Street, San Francisco, CA 94103, USA | www.invitae.com |

HEREDITARY CANCER TEST CATALOG

All tests on this form fall into a single clinical area. If your order contains tests from multiple requisition forms that include multiple clinical areas, you will need to send a specimen tube for each clinical area. Each clinical area represents an individual billable event and report. Contact Client Services with any questions.
For Invitae's full test menu, visit **www.invitae.com**.

FREQUENTLY-ORDERED PANELS

Test code	Test name	# gene(s)	Gene list
STAT Turnaround Time			
SPECIAL INSTRUCTIONS FOR STAT PANELS: **These panels have a guaranteed turnaround time of 5–12 calendar days from when the specimen is received. Genes cannot be removed and they cannot be ordered with any other non-STAT panels or genes. The option to re-requisition additional genes is available. Only blood and saliva are accepted (DNA is not accepted).**			
○ 50001	Invitae Breast Cancer STAT Panel	7	BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11, TP53
○ 50001.1	Add-on ATM gene	1	ATM
○ 50001.2	Add-on CHEK2 gene	1	CHEK2
○ 50002	Invitae BRCA1 and BRCA2 STAT Panel	2	BRCA1, BRCA2

Test code	Test name	# gene(s)	Gene list
Cross-Cancer			
○ 01101	Invitae Multi-Cancer Panel ▶ Reflex to this panel ○ Regardless of initial results ○ Only if negative (no pathogenic/likely pathogenic results)	84	AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CEBPA, CHEK2, CTNNA1, DICER1, DIS3L2, EGFR, EPCAM, FH, FLCN, GATA2, GPC3, GREM1, HOXB13, HRAS, KIT, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RECQL4, RET, RUNX1, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TERC, TERT, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1
○ 01102	Invitae Common Hereditary Cancers Panel ▶ Reflex to this panel ○ Regardless of initial results ○ Only if negative (no pathogenic/likely pathogenic results)	47	APC, ATM, AXIN2, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, CTNNA1, DICER1, EPCAM, GREM1, HOXB13, KIT, MEN1, MLH1, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, PTEN, RAD50, RAD51C, RAD51D, SDHA, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TP53, TSC1, TSC2, VHL

CANCER PANELS BY ORGAN SYSTEM

Test code	Test name	# gene(s)	Gene list
Breast Cancer			
○ 01206	Invitae Breast Cancer Guidelines-Based Panel	11	ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53
○ 01206.1	Add-on gene with emerging data	1	BARD1
○ 01202	Invitae Breast Cancer Panel	14	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, RAD50, STK11, TP53
○ 01202.1	Add-on preliminary-evidence genes	14	ABRAXAS1, AKT1, FANCC, FANCM, MRE11, MUTYH, PIK3CA, RAD51C, RAD51D, RECQL, RINT1, SDHB, SDHD, XRCC2
Breast and Gynecologic Cancers			
○ 01204	Invitae Breast and Gyn Cancers Guidelines-Based Panel	19	ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
○ 01204.1	Add-on gene with emerging data	1	BARD1
○ 01201	Invitae Breast and Gyn Cancers Panel	23	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SMARCA4, STK11, TP53
○ 01201.1	Add-on preliminary-evidence genes	14	ABRAXAS1, AKT1, CDC73, FANCC, FANCM, MRE11, MUTYH, PIK3CA, POLD1, RECQL, RINT1, SDHB, SDHD, XRCC2

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name		# gene(s)	Gene list
Colorectal Cancer				
○ 01252	Invitae Colorectal Cancer Guidelines-Based Panel		19	APC, AXIN2, BMPR1A, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
	○ 01252.1	Add-on gene with emerging data	1	RPS20
○ 01251	Invitae Colorectal Cancer Panel		20	APC, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
	○ 01251.1	Add-on preliminary-evidence genes	10	ATM, BLM, BUB1B, CEP57, ENG, FLCN, GALNT12, MLH3, RNF43, RPS20
Additional Organ Systems				
○ 05313	Invitae Diamond-Blackfan Anemia Panel		11	GATA1, RPL5, RPL11, RPL15, RPL26, RPL35A, RPS7, RPS10, RPS19, RPS24, RPS26
	○ 05313.1	Add-on preliminary-evidence genes	2	RPL19, RPS29
○ 05314	Invitae Dyskeratosis Congenita Panel		9	CTC1, DKC1, NHP2, NOP10, PARN, RTEL1, TERC, TERT, TINF2
	○ 05314.1	Add-on preliminary-evidence genes	3	ACD, USB1, WRAP53
○ 01271	Invitae Gastric Cancer Panel		19	APC, BMPR1A, CDH1, CTNNA1, EPCAM, KIT, MLH1, MSH2, MSH6, NF1, PDGFRA, PMS2, SDHA, SDHB, SDHC, SDHD, SMAD4, STK11, TP53
○ 01302	Invitae Hereditary Paraganglioma-Pheochromocytoma Panel		10	MAX, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL
	○ 01302.1	Add-on preliminary-evidence genes	4	EGLN1, FH, KIF1B, MEN1
○ 01303	Invitae Hyperparathyroidism Panel		7	AP2S1, CASR, CDC73, CDKN1B, GNA11, MEN1, RET
○ 01561	Invitae Melanoma Panel		9	BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53
	○ 01561.1	Add-on preliminary-evidence genes	3	BRCA1, MC1R, TERT
○ 01411	Invitae Myelodysplastic Syndrome/Leukemia Panel		16	ATM, BLM, CEBPA, EPCAM, GATA2, HRAS, MLH1, MSH2, MSH6, NBN, NF1, PMS2, RUNX1, TERC, TERT, TP53
	○ 01411.1	Add-on preliminary-evidence genes	5	BRCA1, BRCA2, BRIP1, CHEK2, PALB2
	○ 01411.2	Add-on Dyskeratosis Congenita primary genes	9	CTC1, DKC1, NHP2, NOP10, PARN, RTEL1, TERC, TERT, TINF2
	○ 01411.3	Add-on Fanconi Anemia genes	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
○ 01461	Invitae Nervous System/Brain Cancer Panel		27	AIP, ALK, APC, DICER1, EPCAM, HRAS, LZTR1, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
	○ 01461.1	Add-on preliminary-evidence genes	7	BAP1, BARD1, EZH2, GPC3, KIF1B, POT1, PTCH2
	○ 01461.2	Add-on Hereditary Paraganglioma-Pheochromocytoma genes	8	MAX, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127
○ 01261	Invitae Pancreatic Cancer Panel		20	APC, ATM, BMPR1A, BRCA1, BRCA2, CDKN2A, EPCAM, MEN1, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, SMAD4, STK11, TP53, TSC1, TSC2, VHL
	○ 01261.1	Add-on preliminary-evidence genes	3	CDK4, FANCC, PALLD
	○ 01261.2	Add-on chronic pancreatitis genes	6	CASR, CFTR, CPA1, CTRC, PRSS1, SPINK1
○ 01362	Invitae Prostate Cancer Panel		12	ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PMS2, TP53
	○ 01362.1	Add-on preliminary-evidence genes	7	ATR, BRIP1, GEN1, FANCA, PALB2, RAD51C, RAD51D

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Additional Organ Systems (continued)			
○ 01361	Invitae Renal/Urinary Tract Cancers Panel	25	BAP1, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, FH, FLCN, GPC3, MET, MLH1, MSH2, MSH6, PMS2, PTEN, REST, SDHB, SDHC, SMARCA4, SMARCB1, TP53, TSC1, TSC2, VHL, WT1
	○ 01361.1 Add-on preliminary-evidence genes	7	BUB1B, CTR9, CEP57, MITF, PALB2, SDHA, SDHD
○ 01511	Invitae Sarcoma Panel	28	APC, BLM, CDKN1C, DICER1, EPCAM, EXT1, EXT2, FH, HRAS, KIT, MLH1, MSH2, MSH6, NBN, NF1, PDGFRA, PMS2, PRKAR1A, PTCH1, RB1, RECQL4, SDHA, SDHB, SDHC, SDHD, SUFU, TP53, WRN
	○ 01511.1 Add-on preliminary-evidence genes	5	CDKN2A, POT1, PTCH2, TSC1, TSC2
	○ 01511.2 Add-on Diamond-Blackfan Anemia primary genes	11	GATA1, RPL11, RPL26, RPL35A, RPL5, RPL15, RPS10, RPS19, RPS24, RPS26, RPS7
○ 01301	Invitae Thyroid Cancer Panel	7	APC, CHEK2, DICER1, PRKAR1A, PTEN, RET, TP53
	○ 01301.1 Add-on preliminary-evidence genes	4	MEN1, SDHB, SDHD, WRN
Treatment-Related Panel			
○ 444743	Invitae Prostate Cancer HRR Panel	10	ATM, BARD1, BRCA1, BRCA2, BRIP1, CHEK2, FANCL, PALB2, RAD51C, RAD51D
Pediatric Oncology			
○ 01104	Invitae Pediatric Solid Tumors Panel	53	AIP, ALK, APC, AXIN2, BAP1, BLM, BMPR1A, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, EXT1, EXT2, FH, GPC3, HRAS, LZTR1, MAX, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, RECQL4, REST, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1
○ 01105	Invitae Pediatric Hematologic Malignancies Panel	16	ATM, BLM, CEBPA, EPCAM, GATA2, HRAS, MLH1, MSH2, MSH6, NBN, NF1, PMS2, RUNX1, TERC, TERT, TP53
○ 01106	Invitae Pediatric Nervous System/Brain Tumors Panel	26	AIP, ALK, APC, DICER1, EPCAM, HRAS, LZTR1, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B, PMS2, PRKAR1A, PTCH1, PTEN, RB1, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
	○ 01106.1 Add-on Hereditary Paraganglioma-Pheochromocytoma genes	8	MAX, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127
Individual Hereditary Cancer Conditions			
○ 01724	Invitae Ataxia-Telangiectasia Test	1	ATM
○ 01728	Invitae BAP1 Hereditary Cancer Predisposition Syndrome Test	1	BAP1
○ 01722	Invitae Basal Cell Nevus Syndrome Panel	2	PTCH1, SUFU
	○ 01722.1 Add-on preliminary-evidence gene	1	PTCH2
○ 01720	Invitae Birt-Hogg-Dubé Syndrome Test	1	FLCN
○ 01730	Invitae Bloom Syndrome Test	1	BLM
○ 01731	Invitae Carney Complex Test	1	PRKAR1A
○ 01732	Invitae CASR-Related Conditions Test	1	CASR
○ 01729	Invitae CDC73-Related Conditions Test	1	CDC73
○ 01745	Invitae Chronic Pancreatitis Panel	6	CPA1, CASR, CFTR, CTRC, PRSS1, SPINK1
○ 01703	Invitae Constitutional Mismatch Repair-Deficiency Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
○ 04164	Invitae Costello Syndrome Test	1	HRAS
○ 01719	Invitae DICER1 Syndrome Test	1	DICER1

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Individual Hereditary Cancer Conditions (continued)			
○ 01744	Invitae Familial Acute Myeloid Leukemia with Mutated CEBPA Test	1	CEBPA
○ 01709	Invitae Familial Adenomatous Polyposis Test	1	APC
○ 01712	Invitae Familial Gastrointestinal Stromal Tumor Syndrome Panel	7	KIT, NF1, PDGFRA, SDHA, SDHB, SDHC, SDHD
○ 01733	Invitae Familial Neuroblastoma Panel	2	ALK, PHOX2B
	○ 01733.1 Add-on preliminary-evidence gene	1	KIF1B
○ 01734	Invitae Familial Platelet Disorder with Propensity to Myeloid Malignancy Test	1	RUNX1
○ 05311	Invitae Fanconi Anemia Panel	17	BRCA2, BRIP1, ERCC4, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, RAD51C, SLX4, XRCC2
○ 05317	Invitae GATA2 Deficiency Test	1	GATA2
○ 01701	Invitae Hereditary Breast and Ovarian Cancer Syndrome Panel	2	BRCA1, BRCA2
○ 01707	Invitae Hereditary Diffuse Gastric Cancer Syndrome Test	1	CDH1
	○ 01707.1 Add-on preliminary-evidence gene for Hereditary Diffuse Gastric Cancer Syndrome	1	CTNNA1
○ 01727	Invitae Hereditary Leiomyomatosis and Renal Cell Cancer Test	1	FH
○ 01723	Invitae Hereditary Papillary Renal Cell Carcinoma Test	1	MET
○ 01711	Invitae Juvenile Polyposis Syndrome Panel	2	BMPR1A, SMAD4
○ 01705	Invitae Li-Fraumeni Syndrome Test	1	TP53
○ 01702	Invitae Lynch Syndrome Panel	5	EPCAM, MLH1, MSH2, MSH6, PMS2
○ 01713	Invitae Melanoma-Pancreatic Cancer Syndrome Panel	2	CDK4, CDKN2A
○ 01717	Invitae Multiple Endocrine Neoplasia Type 1 Test	1	MEN1
○ 01718	Invitae Multiple Endocrine Neoplasia Type 2 Test	1	RET
○ 01710	Invitae MUTYH-Associated Polyposis Syndrome Test	1	MUTYH
○ 01708	Invitae Neurofibromatosis Type 1 Test	1	NF1
	○ 01708.1 Add-on Legius syndrome gene	1	SPRED1
○ 04167	Invitae Neurofibromatosis Type 2 Test	1	NF2
	○ 04167.1 Add-on Schwannomatosis gene	1	SMARCB1
○ 01725	Invitae Nijmegen Breakage Syndrome Test	1	NBN
○ 01726	Invitae Oligodontia-Colorectal Cancer Syndrome Test	1	AXIN2
○ 01736	Invitae Perlman Syndrome Test	1	DIS3L2
○ 01706	Invitae Peutz-Jeghers Syndrome Test	1	STK11
○ 01704	Invitae PTEN-Related Disorders Test	1	PTEN
○ 01737	Invitae RECQL4-Related Disorders Test	1	RECQL4
○ 01738	Invitae Retinoblastoma Test	1	RB1
○ 01714	Invitae Rhabdoid Tumor Predisposition Syndrome Panel	2	SMARCA4, SMARCB1

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HEREDITARY CANCER TEST CATALOG

CANCER PANELS BY ORGAN SYSTEM (continued)

Test code	Test name	# gene(s)	Gene list
Individual Hereditary Cancer Conditions (continued)			
○ 04168	Invitae Schwannomatosis Panel	3	LZTR1, NF2, SMARCB1
○ 01739	Invitae Simpson-Golabi-Behmel Syndrome Test	1	GPC3
○ 01715	Invitae Small Cell Carcinoma of the Ovary Hypercalcemic Type Test	1	SMARCA4
○ 01721	Invitae Tuberous Sclerosis Complex Panel	2	TSC1, TSC2
○ 01716	Invitae von Hippel-Lindau Syndrome Test	1	VHL
○ 01740	Invitae Weaver Syndrome Test	1	EZH2
○ 01741	Invitae Werner Syndrome Test	1	WRN
○ 01742	Invitae Wilms Tumor Panel	6	CDC73, CDKN1C, DIS3L2, GPC3, REST, WT1
	○ 01742.1 Add-on preliminary-evidence gene	1	CTR9
○ 01743	Invitae WT1-Related Disorders Test	1	WT1
○ 92015	Invitae Familial Isolated Pituitary Adenomas Test	1	AIP

HEREDITARY CANCER INDIVIDUAL GENES

○	ATR	○	CDH1	○	EPCAM	○	GATA2	○	MSH3	○	PRKAR1A	○	RPL35A	○	SMARCB1
○	ACD	○	CDK4	○	ERBB2	○	GEN1	○	MSH6	○	PRSS1	○	RPL5	○	SMARCE1
○	AIP	○	CDKN1B	○	ERCC4	○	GNA11	○	MUTYH	○	PTCH1	○	RPS10	○	SPINK1
○	AP2S1	○	CDKN1C	○	EXT1	○	GPC3	○	NBN	○	PTCH2	○	RPS19	○	SPRED1
○	ABRAXAS1	○	CDKN2A	○	EXT2	○	GREM1	○	NF1	○	PTEN	○	RPS20	○	STK11
○	AKT1	○	CEBPA	○	EZH2	○	HOXB13	○	NF2	○	RAD50	○	RPS24	○	SUFU
○	ALK	○	CEP57	○	FANCA	○	HRAS	○	NHP2	○	RAD51C	○	RPS26	○	TERC
○	APC	○	CFTR	○	FANCB	○	KIF1B	○	NOP10	○	RAD51D	○	RPS29	○	TERT
○	ATM	○	CHEK2	○	FANCC	○	KIT	○	NTHL1	○	RB1	○	RPS7	○	TINF2
○	AXIN2	○	CPA1	○	FANCD2	○	LZTR1	○	PALB2	○	RECQL	○	RTEL1	○	TMEM127
○	BAP1	○	CTC1	○	FANCE	○	MAX	○	PALLD	○	RECQL4	○	RUNX1	○	TP53
○	BARD1	○	CTNNA1	○	FANCF	○	MC1R	○	PARN	○	REST	○	SDHA	○	TSC1
○	BLM	○	CTR9	○	FANCG	○	MDM2	○	PDGFRA	○	RET	○	SDHAF2	○	TSC2
○	BMPR1A	○	CTRC	○	FANCI	○	MEN1	○	PHOX2B	○	RINT1	○	SDHB	○	USB1
○	BRCA1	○	DICER1	○	FANCL	○	MET	○	PIK3CA	○	RNF43	○	SDHC	○	VHL
○	BRCA2	○	DIS3L2	○	FANCM	○	MITF	○	PMS2	○	RPL11	○	SDHD	○	WRAP53
○	BRIP1	○	DKC1	○	FH	○	MLH1	○	POLD1	○	RPL15	○	SLX4	○	WRN
○	BUB1B	○	EGFR	○	FLCN	○	MLH3	○	POLE	○	RPL19	○	SMAD4	○	WT1
○	CASR	○	EGLN1	○	GALNT12	○	MRE11	○	POT1	○	RPL26	○	SMARCA4	○	XRCC2
○	CDC73	○	ENG	○	GATA1	○	MSH2								

*If an order is placed using an outdated test requisition form, Invitae reserves the right to upgrade ordered tests to their current versions. View current requisition forms online at **www.invitae.com/forms** or consider placing your order online in the Invitae portal. Please note: Test IDs containing add-on codes will include the original panel as well as the add-on.*

