

Specimen Transportation Set Order Form

(please enter one product per form only)

MYRIAD GMBH Staffelseestr. 6 81477 München GERMANY testkit@myriadgenetics.eu

ORDERING PERSON Myriad Contact/Distributor; NAME, LAST NAME: _____

CUSTOMER ADDRESS (if known)			DELIVERY ADDRESS (if different from customer address)		
NAME (Recipient)	LAST NAME	TITLE	NAME (Recipient)	LAST NAME	TITLE
INSTITUTION / COMPANY	DEPARTMENT		INSTITUTION / COMPANY	DEPARTMENT	
STREET	NUMBER / SUPPLEMENT		STREET	NUMBER / SUPPLEMENT	
CITY	ZIP-CODE		CITY	ZIP-CODE	
PHONE-NUMBER <small>(A phone number MUST be provided)</small>	E-MAIL ADDRESS <small>(An email address MUST be provided)</small>		PHONE-NUMBER <small>(A phone number MUST be provided)</small>	E-MAIL ADDRESS <small>(An email address MUST be provided)</small>	
COUNTRY	Payer-ID <small>(A payer-ID MUST be provided)</small>		COUNTRY	Clinical-ID <small>(A clinical-ID MUST be provided)</small>	

✓ PRODUCT

- BRACAnalysis CE mark
- Universal Hereditary Cancer
- Prolaris
- EndoPredict
- myChoice CDx PLUS (for countries in European Union and Israel)
- myChoice HRD (for countries outside US, Japan, European Union)
- _____
Other US product (i.e. myPath Melanoma etc.)

QUANTITY **✓ LANGUAGE**

✓ SPECIAL REQUIREMENTS:

Additional Comments: _____

FOR INTERNAL USE ONLY / DO NOT FILL

INTERNAL ARTICLE-NO.:	LOT-NO./opt.	EXPIRATION DATE/opt.	
Waybill			
	NAME	DATE	SIGNATURE
ORDER RECEIVED			
ORDER RECEIVED			
ORDER RECEIVED			