

HOW IS YOUR PATIENT RECEIVING THEIR COLOR KIT?

<input type="checkbox"/> Option 1: Provide sample in office.	<input type="checkbox"/> Option 2: Ship kit to patient's home
<p>REQUIRED: BARCODE STICKER Attach barcode from the Color kit. Please ensure the barcode is for the kit your patient used.</p>	<p>Sample collection date (MM/DD/YY)</p> <p>Your patient will mail the kit back.</p>

PATIENT INFORMATION

Patient's first name		Patient's last name		Sex <input type="radio"/> Male <input type="radio"/> Female	
Date of birth (MM/DD/YYYY)	Patient's address		City and state		Zip code
Patient's email address		Patient's phone number		MRN (optional)	

PAYMENT INFORMATION

Credit card number	Expiration date (MM/YY)	Security code
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ORDERING PROVIDER - Write providers' names and NPI numbers next to checkboxes below

Provider's name	NPI number	Provider's name	NPI number
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Institution or practice		Address	City and state
Phone number		Fax number	Email address

PRIMARY CONTACT (if not the ordering provider)

Primary contact's name	Phone number	Fax number	NPI number	Role or title
Email address	Institution or practice		Address	City and state

ADDITIONAL RECIPIENTS

Healthcare provider's name	Fax # (for results delivery)	Phone number	Email address
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GENETIC COUNSELING In the case of a positive result, patient **does not** require genetic counseling by a board-certified genetic counselor at Color.

PATIENT RESULTS Color will automatically release results to your patient after 20 days. If you would like your patient to view their results earlier, you can manually release the results.

VUS DETAILS *In the event a Variant of Uncertain Significance (VUS) is identified, you and your patient will receive the technical details in the report. Place your order online with the Color Provider Platform to change this order setting.*

INFORMED CONSENT I attest that the patient has read the Color Informed Consent or had it read to him or her, and that I have fully informed the patient about the purpose, capabilities and limitations of Color's Hereditary Cancer Test. **The patient has also been informed that his or her de-identified data will be transferred to third parties and used for research, and has consented to such transfer and use. If any new or improved tests, technologies, or inventions are made as a result of such research, the patient has acknowledged and agreed that he or she will not receive any compensation, nor will he or she have any right, title, or interest in and to such new or improved tests, technologies, or inventions.** The patient has voluntarily given full consent for Color's Hereditary Cancer Test, and a signed copy of this consent is available on file. Any Color Informed Consent that the patient agrees to at a later date will supersede and replace this Informed Consent.

Ordering physician signature _____ Date _____

By completing and submitting this Test Requisition Form, I attest that I am the ordering physician or am authorized under applicable laws and regulations to order genetic testing for the patient. I further attest that any information entered on this Test Requisition Form, or otherwise provided by me on behalf of the patient, is true and correct to the best of my knowledge, and that the patient has consented to receive communications about his/her genetic test from Color. This genetic test and related services are governed by Color's Terms of Service, and information provided on this Test Requisition Form is subject to Color's Privacy Policy, both of which are available at color.com or upon request.