DECIPHER BY GENOME DX

Please print, sign and fax to: GenomeDx at
1-855-324-2768
or email to:
customersupport@genomedx.com

HEALTHCARE PROVIDER ENROLLMENT - FORM 1

DECIPHER® CERTIFICATION AND TRAINING REGISTRY (DECIPHER CTR)

Physician's Name: _____

NPI: _____

Email: _____

Full Address: _____

The goals of the Decipher Certification and Training Program are as follows:

- To ensure that physicians understand the limitations of the test based on its validation through retrospective and heterogeneous patient populations, and
- To inform prescribers and patients on the safe-use conditions for Decipher, and
- To avoid missing clinically relevant development of metastatic prostate cancer or cancer related death with associated increased morbidity and mortality in Decipher low risk patients

By signing below, I agree to be enrolled in and I acknowledge that I have been trained on and will comply with the terms and Medicare mandated requirements of the Decipher Prostate Cancer Classifier Certification and Training Registry (Decipher CTR) Program, including the items set forth below:

1. **Program Guide**
2. **Training Package**
3. **Healthcare Provider Enrollment (Form 1)**
4. **Post-Test Treatment (Form 2)**
5. **Adverse Event Report (Form 3)**
6. **Patient Guide**

I understand that physicians enrolled in Decipher CTR must report the post-test treatment plan and the adverse events of metastasis and prostate cancer deaths for patients who have been deemed low risk by the Decipher assay to GenomeDx using the Post-Test Treatment and Adverse Event Report Forms immediately. If enrolled physicians have been CTR trained and have tested patients between Nov 27, 2015 and the present date, post-test treatment must be reported, and adverse events must also be reported on patients deemed low risk by Decipher.

Physician Signature: _____ Date: _____

Physician Name (please print): _____

GenomeDx is required to keep a signed copy on file. If faxing please retain a copy for your records.