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Onco*type* DX® - Request for Signature

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| to: |  | from: |
| Phone number: |  | date: **Wednesday, June 17, 2015** |
| fax number: |  | pages including cover: |

Dear Dr. :

We received your patient’s specimen for the Onco*type* DX® assay. There is a valid physician signature on the requisition form however, as the assay type was changed, a new signature is required.

**Please sign the attached form and return to us at 001-650-569-2081.**

We appreciate the opportunity to be of assistance to you and your patients. Should you have any questions regarding this order or the Onco*type* DX® assay, our Customer Service staff is available to assist you, Monday through Friday, 5:30am to 5:00pm Pacific Time at international@genomichealth.com or 001-650-569-2080.

Thank you in advance.

Best regards,

Customer Service - International  
Genomic Health, Inc.®  
Phone: +650 569 2080  
Toll free: +866 662 6897 (Canada)  
Fax: +650 569 2081  
Email: [international@genomichealth.com](mailto:international@genomichealth.com)  
Web: [www.oncotypedx.com](http://www.oncotypedx.com/)