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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: 2 |

Dear Dr:

We received your patient’s specimen for the Onco*type* DX® assay. Unfortunately, once testing is complete we will not be able to release the report without **the requisition being signed.**

**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  
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