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Onco*type* DX® - Request for Signature

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| to: {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: First Name 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}} |  | from: Intl Customer Serice |
| Phone number: {{TableStart:Case}}{{Contact Name: Main Phone 1}}{{TableEnd:Case}} |  | date: {{Today}} |
| Fax number: {{TableStart:Case}}{{Contact Name: Fax 1}}{{TableEnd:Case}} |  | pages including cover: |

Dear {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}},

We received your patient’s specimen for the Onco*type* DX® assay. There is a valid physician signature on the order 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,

{{User\_Name}}

Customer Service - International  
Genomic Health, Inc.®  
Phone:    001 650 569 2080  
Toll free: 00 800 662 68973 (Canada, France, Italy & UK)  
**Fax:        001 650 569 2081**  
email: [international@genomichealth.com](mailto:international@genomichealth.com)  
[www.oncotypedx.com](http://www.oncotypedx.com/)