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Onco*type* DX® - Release Form

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| to: {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: First Name 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}} |  | from: {{User\_name}} |
| fax number: {{TableStart:Case}}{{Contact Name: Fax 1}}{{TableEnd:Case}} |  | date: {{Today}} |
| Phone number: {{TableStart:Case}}{{Contact Name: Main Phone 1}}{{TableEnd:Case}} |  | pages including cover: |

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

Per our conversation, enclosed please find the release form ***Miraca Life Sciences*** requires in order to release your patient’s specimen to Genomic Health for testing. Your patient is {{TableStart:Case}}{{Patient\_Initials}} [DOB: {{DOB\@ MM/dd/yyyy}}{{TableEnd:Case}}].

Please note that ***Miraca Life Sciences*** requires a signature from either the:

1. Patient on the *Patient Authorization* formattached

OR

1. Physician who conducted the patient’s original biopsy on the *Records Release From Physician/Facility* form attached

Please have the physician or patient sign the appropriate form and fax it back to Genomic Health at 650-362-6487 or email to [customerservice@genomichealth.com](mailto:customerservice@genomichealth.com) so that we may request for the specimen. Please feel free to contact us should you have any questions regarding this matter.

Thank you!

We appreciate your assistance!

Best regards,

{{User\_Name}}

Genomic Health, Inc.

Customer Service

Telephone: 877-662-6897

Facsimile: 650-362-6487