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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}},

Attached is the patient release form required for specimen retrieval from {{TableStart:ORSpecimenSubmitting}}{{Account}}{{TableEnd:ORSpecimenSubmitting}}.They require a signature from either the:

1. Patient

OR

1. Ordering Physician

Patient’s Initials: {{TableStart:Case}}{{Patient\_Initials}}{{TableEnd:Case}}

DOB: {{TableStart:Case}}{{DOB\@ MM/dd/yyyy}}{{TableEnd:Case}}

Please have the MD/patient sign the form and fax it back to Genomic Health at 866-444-0640 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: 866-662-6897

Facsimile: 866-444-0640