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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:

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

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

Please have the patient sign the form and fax it back to Genomic Health at **650-362-6487** 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: 650-362-6487