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| Attention: {{CASE\_OSM\_CONTACT\_NAME\_F}} | From: Genomic Health Customer Service |
| Fax: {{CASE\_OSM\_PRIMARY\_CUSTOMER\_FAX}} | Date: {{TODAY}} |
| Subject: Domanda di firma del Formulario di richesta del test {{CASE\_OSM\_PRIMARY\_ORDER\_ORDERNUMBER}} | Pages (including cover): 3 |

Gentile Dott./ Dott.ssa,

La ringraziamo per il Suo ordine del Oncotype DX test. Comme discusso questa mattina, troverà in allegato una copia del modulo di richiesta. Il test è attualmente in corso. Al fine di non ritardare il rilascio dei risultati del test, le chiediamo di gentilmente firmare il modulo di richiesta e inviarlo via fax al nostro numero 06 45210 8188.

Si prega di contattare il servizio clienti se avete bisogno di ulteriore assistenza (7:00-16:00 GMT, lunedi - venerdì).  
  
Customer Service, Europe  
Tel: 06 899 70196  
Fax: 06 45210 8188

Email: [europeansupport@genomichealth.com](mailto:europeansupport@genomichealth.com)

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