

Myriad Genetic Laboratories, Inc.
Results to Alternate or Additional HCP Requests

Required Patient Information

Patient Name: _____ Date of Request: _____

Birth Date: _____ Social Security Number: _____

Address: _____
Street City State Zip Code

Check the appropriate box or boxes below that describe the changes you wish Myriad Genetic Laboratories, Inc. to make to your existing healthcare provider designation:

- I request that the results of my genetic testing performed at Myriad Genetic Laboratories, Inc. be forwarded to a health care provider other than the HCP that originally ordered the test(s). The name and mailing address of this individual are provided below:
- I request that Myriad Genetic Laboratories, Inc. permanently change the name of my healthcare provider to the individual listed below. I understand that all future contacts will be made to this healthcare provider and not to the previously listed healthcare provider. This includes any contacts for the purpose of providing information about changes in the interpretation of my results, or new information about any other aspect of testing.
- I authorize the physician listed below as my healthcare provider. The listed physician has my permission to add and/or cancel tests on an existing sample of my DNA at Myriad Genetic Laboratories, Inc.

Ordering* HCP Name: _____ Phone: _____
*Required for all changes

Receiving HCP Name: _____ Phone: _____

HCP Address: _____

Please read and sign:

I understand that it may take up to thirty-days for Myriad Genetic Laboratories to process my request, up to sixty-days for information that is stored off-site from the Salt Lake City, UT facility and that these timelines can be extended by thirty-days if I am notified in writing of the extension**. I further understand that these requests are subject to approval and that my rights may be limited as defined in the Code of Federal Regulations Parts 160 and 164.

**Timelines may differ based on state law governing access to medical records.

Signature: _____
Patient or Authorized Legal Representative

Date: _____

Appendix B

As a provider of health care services, Myriad Genetic Laboratories, Inc. (MGL) is required by federal law to allow patient access to protected health information that is maintained in “designated record sets”. In order to process your request, please complete and sign this form and return it to the Customer Service Department. When this form has been received by the Customer Service Department, all the information shall be verified in order to confirm your identity. If you have any questions regarding this form, please contact the MGL Customer Service Department at:

Myriad Genetic Laboratories, Inc.
c/o Customer Service Department
320 Wakara Way
Salt Lake City, UT 84108
Phone: (800) 469-7423