

| Patient name: Check the boxes below based on your personal and family history of cancer. Leave blank what you do not know. | | |
|---|-----|----|
| Do you have a personal history of: | | |
| Breast, ovarian, colon, rectal, metastatic prostate, or pancreatic cancer at any age? | Yes | No |
| Uterine/endometrial cancer at age 64 or younger? | Yes | No |
| Has any blood relative (parent, sibling, half-sibling, child, grandparent, grandchild, aunt/uncle, niece/nephew) been diagnosed with: | | |
| Breast cancer at age 49 or younger? | Yes | No |
| Two breast cancers in one relative at any age? | Yes | No |
| Three or more breast cancers in relatives on the same side of the family at any age? | Yes | No |
| Ovarian, metastatic or high-risk prostate, pancreatic, or male breast cancer at any age? | Yes | No |
| A gene mutation associated with cancer found in a family member? | Yes | No |
| Three or more Lynch-associated* cancers in relatives on the same side of the family at any age? | Yes | No |
| Ashkenazi Jewish ancestry with breast cancer in one relative at any age? | Yes | No |
| Has a parent, sibling, or child been diagnosed with: | | |
| Colon or rectal cancer at age 49 or younger? | Yes | No |
| Uterine/endometrial cancer at age 49 or younger? | Yes | No |

*Lynch syndrome-associated cancers include colon, endometrial, ovarian, gastric/stomach, pancreatic, brain, small bowel, renal/pelvic, biliary tract, or sebaceous adenomas

If you've answered "Yes" to any of the questions above, show this card to your healthcare provider today and ask to discuss hereditary cancer testing.



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