

To determine whether you are eligible for genetic risk assessment testing or not, please answer the following questions:

1 **Gender** Male Female
Date of Birth / /

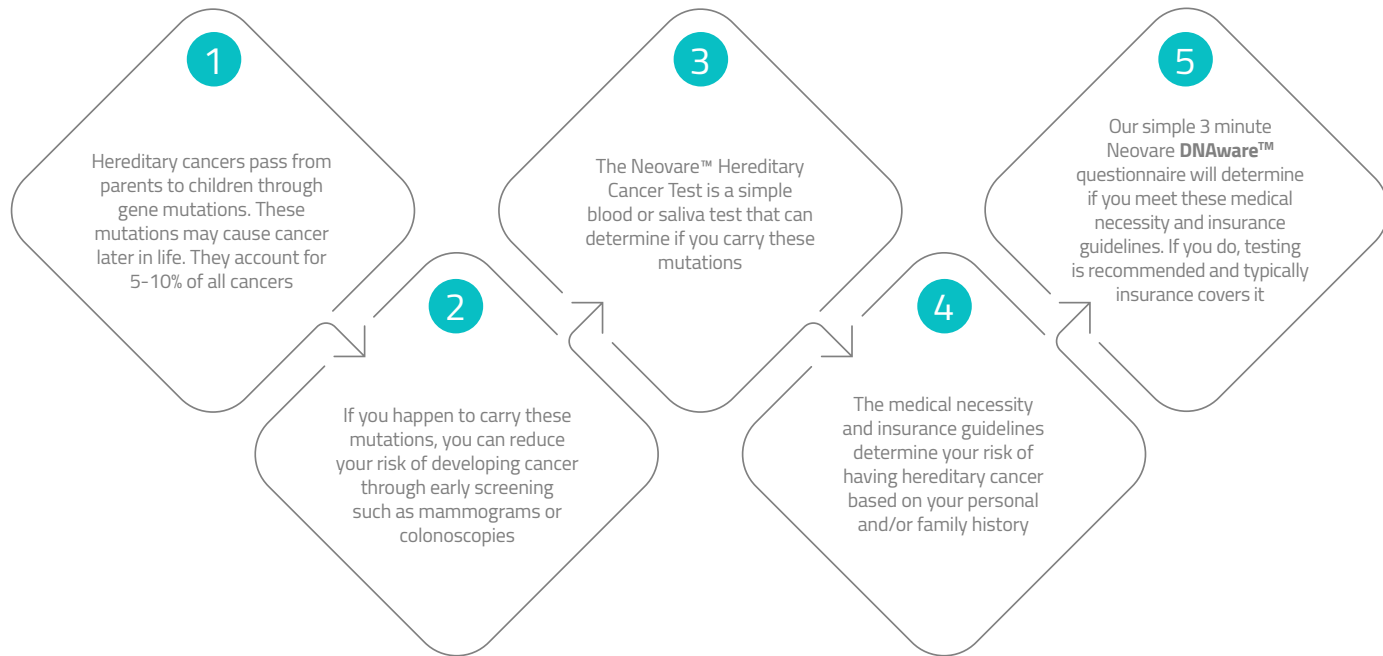
2 **Have you or any of your relatives been diagnosed with breast cancer or prostate cancer at age 45 or younger?**
 Yes No
If yes please specify Breast Cancer Prostate Cancer

3 **Have you or any of your relatives been diagnosed with one of the following cancers?**
 Ovarian Cancer Pancreatic Cancer Male Breast Cancer Metastatic/Intraductal Prostate Cancer

4 **Have you or any of your relatives been diagnosed with Lynch Syndrome?**
 Yes No

If you answered yes to any of the questions, please inform your provider or call us at Neovare 844-636-8273

Why Test For Hereditary Cancer?



USA 📞 201-599-9044

📞 888-599-5227

📞 201-599-9066

PR 📞 888-782-5430

📞 866-369-4114

For more information, visit our website www.neovare.com