

# Committed to You and Your Patients

## EXPANDED ACCESS



Myriad will process and release samples that meet **NCCN, USPSTF** or **ASBS** criteria\*

## EXPANDED AFFORDABILITY



**75%** of patients pay **\$0**  
**≥90%** of patients have or will qualify for a payment of **\$100** or less

## ACTION NEEDED



Please include the patient's **email address** and **phone number** on the Test Request Form

If your patients encounter ANY financial hardship associated with their bill, Myriad will work directly with them toward their complete satisfaction

\* Some exceptions apply (e.g., government payers)





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