Referral Form for Hereditary Cancer Panel Testing

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Patient Details

Surname:	Forename:	DOB:	Sex: M ☐ F ☐ U ☐
CHI No:	Postcode:	Pedigree/Ref No:	

Referring Clinician

Clinician Name:	Speciality:
Telephone:	Email:
Clinician Address:	

It is the referring clinician's responsibility to obtain informed consent from the patient/carer for the test and for storage or any future test.

I CONFIRM THAT APPROPRIATE CONSENT HAS BEEN TAKEN. Name: **Date:**

Sample Taken By:	**Sample Date:**	**Sample Time:**

Clinical Indication

Panel Request – please select ONE panel only

Select	Panel	Genes
☐	**Breast Cancer** (Mainstream Referral)	**ATM, BRCA1†, BRCA2†, CHEK2*, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53**
☐	**Ovarian Cancer** (Mainstream Referral)	**BRCA1†, BRCA2†, BRIP1, MLH1‡, MSH2‡, MSH6‡, PALB2, RAD51C, RAD51D**
☐	**Breast/Ovarian Cancer** *(Requires authorisation from Clinical Genetics)*	**ATM, BRCA1†, BRCA2†, BRIP1, CHEK2*, MLH1‡, MSH2‡, MSH6‡, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53**
☐	**Breast/Ovarian/Colorectal Cancer** *(Requires authorisation from Clinical Genetics)*	**APC, ATM, BMPR1A, BRCA1†, BRCA2†, BRIP1, CHEK2*, MLH1‡, MSH2‡, MSH6‡, MUTYH, NTHL1, PALB2, PMS2§, POLD1, POLE, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53**
☐	**Skin Cancer**	**BRCA2†, CDK4, CDKN2A, POT1, BAP1**
☐	**Pancreatic Cancer**	**BRCA2†, CDK4, CDKN2A, MLH1‡, MSH2‡, MSH6‡, PALB2, STK11, TP53**

Analysis and reporting of variants within the above genes is as recommended by the UKCGG CanVIG-UK Exception Variant Reporting list https://www.ukcgg.org/information-education/exceptional-variantsgene-specific-variant-reporting/

*CHEK2 analysis is restricted to exons 1 to 9 plus the common c.1100delC variant due to the presence of a pseudogene

†Dosage analysis also performed for BRCA1 and BRCA2 genes;

‡Dosage analysis for MLH1, MSH2 and MSH6 is available in cases where MMR loss of staining has been detected

§PMS2 analysis restricted to exons 1-10 due to the presence of the PMS2CL pseudogene; analysis of exons 11-15 by long range PCR is available when PMS2 testing is indicated

FOR LAB USE ONLY

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