

Hereditary Cancer Gene Panel Test Request Form

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Patient Details					
Surname:			Forename(s):		
DOB:		Sex:		Postcode:	
Referring Clinician					
Name:			Email:		
Speciality:			Address:		
Has the patient had a bone marrow transplant? Yes <input type="checkbox"/> No <input type="checkbox"/>				DNA Extraction & Storage Only <input type="checkbox"/>	
Has the patient or their relative(s) been seen by Clinical Genetics? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:				Age at Diagnosis:	Planned surgical date:
The nationally agreed reporting time for panel testing is 56 calendar days. https://www.genomics.nhs.scot/test-directories/					
Panel requested	Criteria				
<input type="checkbox"/> Breast	<input type="checkbox"/> Breast cancer diagnosed <40 years <input type="checkbox"/> Bilateral breast cancer both diagnosed <60 years <input type="checkbox"/> Triple negative breast cancer diagnosed <60 years <input type="checkbox"/> Breast AND Ovarian cancer, any age <input type="checkbox"/> Male breast cancer any age <input type="checkbox"/> Breast cancer and a first degree relative with breast cancer, both diagnosed before the age of 45 years <input type="checkbox"/> Breast cancer AND 10% or more probability of mutation based on Manchester score of 15 or more <input type="checkbox"/> Other indication-Please specify				
<input type="checkbox"/> Ovarian	<input type="checkbox"/> Epithelial ovarian cancer (please specify pathology)				
Please provide details of any family history of cancer including age of onset and relationship:					
The Breast/Ovarian and Breast/Ovarian/Colorectal panels are also available. If required please contact clinical genetics.					
<input type="checkbox"/> Skin	<input type="checkbox"/> ≥1 melanoma <18 years <input type="checkbox"/> ≥2 melanoma < 30 years <input type="checkbox"/> Melanoma AND ≥2 relatives (first / second / third degree) with melanoma and/or melanoma in situ <input type="checkbox"/> Melanoma AND ≥1 first degree relative with melanoma; one individual has multiple melanomas in situ <input type="checkbox"/> 1 Melanoma OR melanoma and atypical moles AND ≥1 first degree relative with pancreatic cancer < 60 <input type="checkbox"/> Atypical moles AND >/= 2 relatives (first / second degree relatives) with melanoma				
<input type="checkbox"/> Pancreatic	<input type="checkbox"/> Pancreatic cancer age <50 <input type="checkbox"/> Pancreatic cancer age <70 AND <ul style="list-style-type: none"> <input type="checkbox"/> Breast cancer age <60, melanoma age <60, OR ovarian cancer <input type="checkbox"/> One 1st/2nd degree relative with pancreatic cancer age <60, <input type="checkbox"/> Two 1st/2nd degree relatives with any of breast cancer age <60, melanoma age <60 OR ovarian cancer 				
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:	