

Referral Form for Hereditary Cancer Panel Testing

West of Scotland Genetic Services, Level 2B, Laboratory Medicine, Queen Elizabeth University

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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

*CHEK2 – truncating variants reported only; please note CHEK2 analysis is restricted to exons 1 to 9 plus the common c.1100delC variant due to the presence of a pseudogene

*ATM – truncating variants plus c.7271T>G, p.(Val2424Gly) missense variant

†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

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