BRCA testing request form

Patient details (*affix patient's addressograph label or print*)		
Forename:	Surname:	D.o.B.
Address:		NHS No.
		Sex: M / F

Referrers details – all reports will be sent by post to the Consultant – please indicate below if any further copies are required and if the report should also be faxed or emailed

Name	Position	Hospital	Fax no. or email address
	Consultant		@wales.nhs.uk
			@wales.nhs.uk

Oncology referrals

High grade serous ovarian cancer: Yes (age of diagnosis ___) / No

Triple negative breast cancer < 60: Yes (age of diagnosis___) / No

Other personal and/or family history of breast and/or ovarian cancer: Yes / No
Details (if yes):

AWMGS referrals

Genetic No:	Personal History of BRCA-related cancer: Yes / No Details (if yes):

Indication for testing (please add in MS and Hz risk and tick all that apply):

Manchester score (MS): _____ BOADICEA Hz risk: _____

1. Br Ca < 30: _____ 2. Triple neg. Br Ca age < 60: _____

3. Bilateral Br Ca <50: _____ 4. Male Br Ca: _____

5. High grade serous Ov Ca (age of dx ___): _____ 6. Other: _____

Pre-test Risk (Pop/Mod/High/Unc/Not App): _____ Predicted Post-test Risk (if no variant): _____

Samples

For **testing of a tumour block**, forward this form to the histopathology department where the blocks are stored.

This section to be completed by histopathology:

Pathologist:	Pathology hospital:	Block no.

Please forward, with this form (to the same address as for blood samples, given below):

- 4 x 10 micron air dried sections mounted on slides
- 1 x 5 micron H&E stained side with tumour area highlighted
- Copy of histopathology report

Approximate % tumour nuclei in tumour area highlighted:_____%

For **testing of a blood sample,** forward this form accompanied by 5ml blood in EDTA to:

All Wales Genetics Laboratory, Institute of Medical Genetics,
University Hospital of Wales, Cardiff CF14 4XW

Tel: 02921 842641 **Email:** lab.genetics@wales.nhs.uk **Website:** www.medicalgenomicswales.co.uk

Form completed by: Date:

Test Result for audit use, please circle and specify gene:
Pathogenic variant (gene_____) / VUS (gene_____) / No variant or VUS