

Name:

BC Cancer ID#:

Birthdate:

PHN:

(HCP Staff Use) Progeny#:

**URGENT DNA STORAGE
REQUISITION**

PROCEDURE:

1. Contact the Hereditary Cancer Program for assistance if possible (M-F, 8:30-5).
2. Physician completes **Consent Form** (page 2) with patient/substitute decision-maker and makes any necessary arrangements for blood sample to be drawn.
3. Physician gives patient a copy of the Consent Form and completed **Information Sheet** (page 4) to share with family members as appropriate.
4. **This page serves as the requisition.** Lab staff forward blood sample, completed requisition and consent form to BC Cancer Genetics Lab (address below).

QUESTIONS:

Hereditary Cancer Program genetic counsellors:
Cancer Genetics Lab staff:

604-877-6000, local 672198
604-877-6000, local 672084

DATE: _____

REQUESTING PHYSICIAN: _____

Phone: _____

Billing #: _____

Hereditary Cancer Program Referral: ___ already done ___ to follow

Comments:

LAB INSTRUCTIONS:

- Draw **25 cc of blood in EDTA tubes (lavender top)** & ensure tubes are inverted to mix additive with blood sample.
- **Sample should be kept at room temperature and shipped to arrive at Cancer Genetics Lab during regular lab hours (Mon to Fri 0800-1630) if possible. Please try to avoid delivery on weekends & stat holidays.**
- Use overnight delivery (courier or Priority Post) to send sample and this req to:
*Cancer Genetics Laboratory, 3rd floor – rm 3305
BC Cancer Agency, 600 West 10th Ave, Vancouver, BC V5Z 4E6*



HCP- CONSENT

Name:

BC Cancer ID #:

Birthdate:

PHN:

DNA STORAGE CONSENT FORM

I, _____, consent to the withdrawal of a sample of my blood so that the DNA (genetic material) can be isolated and stored in the Cancer Genetics Laboratory at BC Cancer (Vancouver).

My personal information (name, sex, date of birth) will accompany the sample and this information will be received, processed and stored by the laboratory. My information including my samples will be treated with medical confidentiality. BC Cancer is required to collect, use, retain and disclose my personal information in accordance with the *Freedom of Information and Protection of Privacy Act* (British Columbia). If I provide my sample to BC Cancer for storage, I will have a permanent file in my name at BC Cancer.

I understand that the DNA from my sample will be retained and stored indefinitely or until I make a written request for it to be destroyed. The Laboratory will endeavour to ensure the long-term preservation of the sample though its viability for future use cannot be guaranteed.

I understand that storing a sample of my DNA may enable genetic testing to be conducted on this sample in the future. Before any testing is done, appropriate genetic counselling and informed consent will be required. It is my responsibility to maintain contact with the Hereditary Cancer Program regarding the availability of genetic testing.

In the event of my death or if I become incompetent, I request that my DNA sample be available to facilitate genetic testing for members of my family. I understand that my next of kin or legal guardian would be required to provide informed consent for such testing. I understand that in the event of my death, or incompetency, next of kin and court-appointed guardians are not always obligated to fulfill my wishes, but this form can be used to inform them of my wishes.

I certify that I have read, or have had read to me, and understand the above consent. I may have a copy of this consent form at my request. I understand that it is the responsibility of myself or my family members, to inform the Hereditary Cancer Program of any changes to the above information. This may be done by contacting 604-877-6000, local 2198.

Witness Signature

Witness Name (Print)

_____/_____/_____
Day Month Year

Patient Signature

Substitute Signature

Substitute Signature (Print)

Reason for Substitute

Next page to be completed by interpreter if applicable.



Name:
BC Cancer ID#:

DNA STORAGE CONSENT (optional page)

TO BE COMPLETED BY THE INTERPRETER (if applicable):

I confirm that I have explained the nature of the above consent to the above-named patient (and/or legal substitute) in the presence of _____ and to the best of my knowledge the context of this consent form is understood.

Witness Name (Print)

_____/_____/_____
Signature of Interpreter Day Month Year

Interpreter Name (Print)

Information Sheet for Family Members – Blood Sample Stored

Date: _____ Patient's BC Cancer ID#: _____
(if known)

Patient's Name: _____ Birthdate: _____

Doctor's Name: _____

BC Cancer's Hereditary Cancer Program offers education, genetic counselling, and in some cases genetic testing, for people from families with a strong history of cancer. A genetic counselling appointment usually includes review of the family history, cancer risk assessment, cancer screening advice, and discussion about the kind of information that genetic testing may be able to provide.

Because of a significant personal/family history of cancer, **your relative (identified above) had a blood sample stored in the Cancer Genetics Lab (BCCA-Vancouver)**. No genetic testing has been done on the stored sample, but it may be important for family members to know that this blood sample is available.

Genetic testing usually begins with a blood sample from a family member who has been diagnosed with a type of cancer known to 'run in the family.' Genetic testing looks for a specific gene mutation that is being passed down from one generation to the next, increasing the risk of cancer in some individuals. (A gene mutation is a change that prevents the gene from working properly.) In some cases, genetic testing can identify a specific gene mutation that explains the pattern of cancer seen in a family. Genetic testing is only done after the appropriate person has attended genetic counselling and given their informed consent.

If you have questions about whether genetic testing is possible in your family or want to arrange a genetic counselling appointment, please contact the Hereditary Cancer Program (HCP) office closest to you (see below), and refer to this information sheet.

HCP - Vancouver Centre

600 West 10th Avenue
Vancouver, BC
V5Z 4E6
Phone: (604) 877-6000, ext 672198
Fax: (604) 707-5931

HCP - Abbotsford Centre

32900 Marshall Road
Abbotsford, BC
V2S 0C2
Phone: (604) 851-4710, ext 645236
Fax: (604) 851-4720