

# CANCER GENETICS AND GENOMICS LABORATORY

## HEREDITARY CANCER MULTI-GENE PANEL



BC CANCER 604-877-6000 EXT 67-2094  
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE FAX: 604-877-6294  
 ROOM 3307 - 600 WEST 10TH AVENUE MON-FRI 8:30AM-4:30PM  
 VANCOUVER BC V5Z-4E6 [WWW.CANCERGENETICSLAB.CA](http://WWW.CANCERGENETICSLAB.CA)  
[GENETIC.COUNSELLOR@BCCANCER.BC.CA](mailto:GENETIC.COUNSELLOR@BCCANCER.BC.CA)

ADDRESSOGRAPH OR PATIENT LABEL

### PATIENT INFORMATION

Last Name		First and Middle Names	
Date of Birth (dd/mmm/yyyy)	Gender Male Female Non Binary/Other/Not Disclosed		
PHN	BC Cancer ID	Cerner MRN	
Email Address			

### REQUESTING PHYSICIAN

Name		MSC
Phone	Fax	

Email Address	
---------------	--

Address	
<b>NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)</b>	

### CONSENT TO SHARE RESULTS

Patient agrees to their results being shared with relatives referred to BC Cancer for genetic testing  
 Yes No

If patient is unable to receive their results, it should be disclosed to (or shared with):

Name	Relationship to patient	Contact Phone / Email
------	-------------------------	-----------------------

### COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

SPECIMEN		
Specimen Type Peripheral Blood	Collect 1 x 6mL EDTA blood. Store and ship at room temperature using overnight delivery to Cancer Genetics and Genomics Laboratory (address above). Do not refrigerate or freeze.	Collection Date (dd/mmm/yyyy)

Name		MSC
Address		

### HEREDITARY CANCER TESTING INFORMATION

- This is a blood test to see if your cancer is hereditary. About 1 in 10 cancers are hereditary.
- If your cancer is hereditary, you will have an appointment with a genetic counsellor.
- Your test results may have implications for relatives.
- Your test results may be used to guide your cancer treatment and tell us about new cancer risks.
- Under the Canadian Genetic Non-Discrimination Act (GNDA), companies (including insurers) and employers cannot ask for your genetic test results or ask you to have genetic testing.
- Any unused samples may be stored at the BC Cancer Genetics & Genomics Laboratory and may be used to develop new clinical genetic tests in BC.

Name		MSC
Address		
Name		MSC
Address		

### TEST REQUESTED

Hereditary Cancer Multi-Gene Panel Testing SQ HCAGPB

### ANCESTRAL BACKGROUND – SELECT ALL THAT APPLY

Africa / Caribbean	Asia East South/Central	Europe / UK	Indigenous (First Nations, Metis, Inuit)	Jewish Ashkenazi Sephardic	Middle East	South / Central America	Other
							Specify:

### TESTING INDICATION(S) – SELECT ALL THAT APPLY

<p><b>Hereditary Breast and Ovarian Cancer</b>                  Breast cancer ≤ age 35                  2 primary breast cancers, at least 1 ≤ age 50                  Triple negative (ER-PR-HER2-) breast cancer ≤ age 60                  Breast cancer ≤ age 50 AND no family history known due to adoption                  Ovarian, fallopian tube or peritoneal cancer (non-mucinous epithelial; incl. STIC)                  Male breast cancer</p> <p><b>Pancreatic Cancer</b>                  Pancreatic ductal adenocarcinoma                  Pancreatic neuroendocrine tumour</p> <p><b>Prostate Cancer</b>                  Metastatic prostate cancer</p>	<p><b>Ashkenazi Jewish Heritage</b>                  Personal or family history of breast, ovarian, pancreatic, high grade prostate cancer</p> <p><b>Other</b>                  ** Approved by Hereditary Cancer Program                  ** Confirmation of pathogenic variant result (include relevant report(s) from tumour testing or clinical trial/research testing)</p> <p>**INDICATION/VARIANT DETAILS (REQUIRED FOR TEST TO PROCEED)</p>
---	---

PHYSICIAN SIGNATURE (REQUIRED)	By signing below, I hereby acknowledge that I have informed the patient about the implications of hereditary testing.
	DATE

LAB USE ONLY	PB EDTA	Other