

## Record of discussion about



## INHERITED CANCER GENETIC TESTING and STORAGE OF GENETIC MATERIAL

Patient details (o	Allix patient label)	Surname:	First name:	
		Date of Birth:	MRN:	
		Patient Address:		
Test Details				
Select test:	BRCA 1 / 2		☐ Polype	osis Panel
	☐ Breast/Ovarian Panel*		☐ Prosta	
	Lynch Syndrome Panel		☐ Other	
	Pancreatic Panel			•
		ade ductal carcinoma in situ (DCIS) pe, or serous tubal intraepithelial c		
eason for test:	mary percencus, randpart cas	re, or serous casar intraeptitienal e	aremonia (arre)	
I have discussed a	genetic testing with my	healthcare professional a	nd I understand:	
1. The potential	outcomes, implications	s and limitations of the te	st.	
2. A copy of my	genetic test result may	be sent to my referring co	onsultant and GP.	
3. The results of	my test will be part of	my healthcare record.		
4. My DNA samp	ole and genetic data ma	ay be stored for	(duration) by the test	ing laboratory
(Lab Name) _	<del>-</del>	, in accordance w		•
		genetic test results can ch	•	genetic testing
and knowledg		-	-	
-	•	"or "uncertain significance	e". which means they car	nnot be
	any me or or completely	<del>-</del>	o , o o o,	
understood b	ased on current knowle	edge.		
	ased on current knowle	edge.		
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One COPY for notes and one COPY for patient to retain

Interpreter Name: \_\_\_\_\_ Contact: \_\_\_\_\_