(WGLS use only):								Investigation(s):
W[
DNA I	oc:							

Initials

Wessex Genomics Laboratory Service (Salisbury) Salisbury District Hospital, Salisbury, Wilts. SP2 8BJ

Tel.: +44(0)1722 429080

E-mail: shc-tr.WRGLdutyscientist@nhs.net

Web: www.wrgl.org.uk



tralland South Genomics, Cen

In before? Date of receipt:

Mainstream germline test for inherited cancer: Ovarian, Breast and Prostate.

PATIENT DETAILS	Clinical details							
SURNAME	FORENAME	Please state in this box the full clinical details that meet the eligibility criteria overleaf: DNA will be stored and not tested unless these details are provided.						
Date of birth	NHS number							
Sex	Hospital number / Genetics number							
Consultant	Hospital / Department							
	NHS							
Additional copies to	Private (address for invoicing):							
Patient post code	GP name GP address							
		: _ EDTA blood only						
Address to email final report: Please use an NHS digital accredited secure e-mail addres	Date of collection = = = _ = _ = _ = _ =							
•		Collected by						
Please pick <u>one</u> of the followir	ng tests (tick in the appropriate box):							
R207 Inherited ovarian cancer (without breast cancer). R207 genes tested: <i>BRCA1</i> , <i>BRCA2</i> , <i>BRIP1</i> , <i>MLH1</i> , <i>MSH2</i> , <i>MSH6</i> , <i>PALB2</i> , and truncating variants in <i>RAD51C</i> and <i>RAD51D</i> . See overleaf for testing criteria.								
	Inherited breast cancer and ovarian cancer. R208 genes tested: <i>BRCA1</i> , <i>BRCA2</i> , <i>PALB2</i> , and truncating variants in <i>ATM</i> , <i>CHEK2</i> , <i>RAD51C</i> and <i>RAD51D</i> . See overleaf for testing criteria.							
R430 Inherited prostate cancer. ATM and CHEK2. See over		MSH2, MSH6, PALB2, and truncating variants in						
eligible for NICE approved	Broast cancer and metastatic castration-resistant prostate cancer nationts not meeting the P208/P430 criteria AND							
Referrals will only be accepted from one of the following:								
Consultant Clinical Geneticist / Registered Genetics Counsellor								
OR Consultant Oncologist (breast/ Consultant Surgeon (breast/gy Breast Physician Clinical Nurse Specialist (breast	naeoncology/urology)							
Name of clinician consenting the patient:								
Please see next page for NHS England testing criteria. If the patient does not fulfil the testing criteria, the case should be discussed with Clinical Genetics (see link below). https://www.uhs.nhs.uk/ourservices/genetics/genetics.aspx								



R208 - Relevant testing criteria for clinical indication R208: Inherited breast cancer and ovarian cancer

- 1. Living affected individual (proband) with breast (including high grade DCIS) or high grade ovarian cancer where the individual (with or without family history) meets at least one of the criteria. The proband has:
- a. Breast cancer (age < 40 years); OR
- b. Bilateral breast cancer (age < 60 years); OR
- c. Triple-negative breast cancer (age < 60 years); OR
- d. Assigned male at birth and affected with breast cancer (any age); OR
- e. Breast cancer (age <45 years) and a first-degree relative with breast cancer (age <45 years); OR
- f. Combined pathology-