

Breast Panel Genetic test request form (Affected patients)

South East Scotland Genetic Service

Western General Hospital, Edinburgh, EH4 2XU

Clinical Genetics (*clinical enquiries only*)

Email: WGH.ClinicalGenetics@nhslothian.scot.nhs.uk

Tel: 0131 537 1116

Molecular Genetics (DNA) Lab

Email: edinburgh.dna@nhslothian.scot.nhs.uk

Tel: 0131 537 1116/1270

PATIENT DETAILS (printed label) Sex M /F Required: Name, date of birth, CHI or 1st line of home address and postcode	CLINICAL DETAILS Breast Cancer (BC) at age:..... Please tick all that apply <input type="checkbox"/> BC <40 years <input type="checkbox"/> Bilateral BC, both <60 years <input type="checkbox"/> Triple-negative BC <60 years <input type="checkbox"/> BC + Ovarian Cancer, any age <input type="checkbox"/> BC & 1 First Degree Relative with BC, both <45 yrs <input type="checkbox"/> Male BC, any age <input type="checkbox"/> Manchester score ≥ 15 Any relevant family history:
Clinician email for report (ESSENTIAL): Clinician Name (CAPITALS): Department: Hospital:	
Please note: Patients can be referred to Clinical Genetics for assessment e.g. if an individual does not fit the criteria for mainstream testing, but has a family history or has questions. Genetic testing of unaffected individuals will not be undertaken.	

DISCUSSION

- Implications for self** The result of my test may indicate that I have an increased risk of developing a further breast cancer and possibly an increased risk of other types of cancer. The result may be helpful in planning current cancer treatment and the management of future cancer risk.
- Family implications** The results of my test may have implications for other members of my family. I acknowledge that my results may sometimes be used to inform the appropriate health care of others. This could be done in discussion with me, or in such a way that I am not personally identified in this process.
- Uncertainty** The results of my test *may* reveal genetic variation whose significance is not yet known. Deciding whether such variation is significant may require sharing of information about me including (inter)national comparisons with variation in others. I acknowledge that interpretation of my results may change over time as such evidence is gathered.
- DNA storage** Normal laboratory practice is to store the DNA extracted from my sample even after the current testing is complete. My sample might be used as a 'quality control' for other testing, for example, that of family members.
- Data storage** Data from my genetic test will be stored to allow for possible future interpretations.
- Health records** Results from my genetic test and my test report will be part of my Patient Health Record.

PATIENT CONSENT

I consent to my sample being tested and have been given the information leaflet on genetic testing

Patient Signature: Date:

SAMPLE DETAILS Required: Blood in Potassium EDTA (KE) tube (1x 3ml)	
Taken by: Name (print)	Signature:
Date taken:	Time taken:
	High risk (see over) Y / N
<input type="checkbox"/> URGENT (<i>Results are normally reported in 8-10 weeks. If the results are required for treatment purposes in the next 4-8 weeks please mark as urgent</i>)	
Please send result to Clinician named above and to Edinburgh.DNA@nhslothian.scot.nhs.uk	
Please ALSO send Class 3,4,5 variants to WGH.clinicalgenetics@nhslothian.scot.nhs.uk.	

Sample should be sent to:
Genetics Laboratory
South East Scotland Genetic Service
CGEM Building
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU

Arrange for immediate transport to the laboratory (van service or first class post).
If this is not available, blood specimens should be refrigerated. **(DO NOT FREEZE)**

SAMPLE: EDTA TUBE

It is your responsibility to ensure that samples are packaged to comply with the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR 2019) at <https://www.unece.org/trans/danger/publi/adr/adr2019/19contentse.html>
ADR 2019 requires that this sample (unless subject to exceptions outlined in "infection control" below) is labelled:

EXEMPT HUMAN SPECIMEN

-----Fold along this line and place into specimen bag sleeve with delivery address showing-----

Infection Control

The laboratory handle samples in accordance with NHS Lothian specimen policy which is contained in the NHS Lothian Infection Control Manual, available on the intranet at:
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/icm/Pages/default.aspx>

The DNA laboratory is able to extract DNA from patient who have or are suspected of having Group 3 or 4 pathogens. Samples which must be labelled with a 'Danger of Infection' sticker.
Samples from individuals with a confirmed or suspected diagnosis of CJD are not extracted by the Molecular Genetics laboratory. DNA from such samples will be tested after extraction by the CJD Unit. Samples should be sent to Molecular Genetics, labelled with a 'Danger of Infection' sticker, with the CJD status clearly indicated on the form.

Information for users of genetic tests

The South East Scotland Genetic Service Cytogenetics and Molecular Genetics (DNA) Laboratories website should be consulted for full details of tests available and sample requirements. This can be found at:

<http://tinyurl.com/Edinburghgenelab>

Requests for other types of genetic tests should **not** be made using this form.

Incomplete or illegible forms, or use of incorrect blood tubes, will cause delay or rejection of samples