

BRCA TEST REQUEST AND CONSENT FORM FOR PARP INHIBITOR SELECTION

(Please complete this form in BLOCK CAPITALS)

Surname:		First Name:	
Date of Birth	MRN/Hospital Number	Hospital:	Gender:
Residential Address:			
Requesting Clinician (first name, surname, department and hospital):			
Clinician Email Address:		Clinical Team Email Address:	Pathology Email Address:
DETAILS OF TEST REQUESTED: <input type="checkbox"/> Combined germline and tumour BRCA* <input type="checkbox"/> Germline BRCA only <input type="checkbox"/> Tumour BRCA only *For combined germline and tumour requests please complete this form in full and include a copy of this form with the blood sample. Then send a <u>photocopy</u> of the completed form to the local Histopathology laboratory for them to include with the block referral.		CURRENT DIAGNOSIS (tick one): <input type="checkbox"/> High grade serous epithelial ovarian cancer <input type="checkbox"/> High grade endometrioid ovarian cancer <input type="checkbox"/> Fallopian tube cancer <input type="checkbox"/> Primary peritoneal cancer <input type="checkbox"/> HER2 negative locally advanced or metastatic breast cancer (germline BRCA test only)	
CLINICAL INFORMATION: <input type="checkbox"/> Patient is being considered for first line maintenance PARP inhibitor treatment of a platinum –sensitive tumour <input type="checkbox"/> Patient is being considered for maintenance PARP inhibitor treatment of a platinum-sensitive relapsed tumour <input type="checkbox"/> Patient is being considered for PARP inhibitor treatment of HER2-negative locally advanced or metastatic breast cancer.			
To be completed by patient <ul style="list-style-type: none"> I have read the written information given to me, understand the implications and limitations of the test, have discussed it with..... and consent to BRCA gene testing of my blood and/or tissue sample YES / NO (please circle) I consent that DNA from my blood and/or tissue sample will be stored in the.....laboratory as standard practice, unless I request its disposal YES/NO (please circle) I consent that my genetic test result can be made available for use in counselling other family members YES/NO (please circle) I consent for this sample to be used for quality assurance and audit purposes YES/NO (please circle) If I am unable to receive the results of the test, I would like the result to be given to the following person(s) Name: Relationship:..... Contact no:..... 			
Signed: Date:			
For completion by referring doctor: <ul style="list-style-type: none"> I have discussed this test with my patient and they understand the implications of the test and the potential need for referral to the cancer genetics service. 			
Signature..... Name (block capitals)..... Contact Number..... Medical Council Registration Number:			
Sample Details (complete as appropriate)			
Germline (blood) samples		Tumour/FFPE samples	
<input type="checkbox"/> Blood Sample (>3ml EDTA) <input type="checkbox"/> Tube labelled with patient name, DOB and MRN Sample Taken by (Full Name): _____ Signature: _____ Date Taken: _____		<input type="checkbox"/> Pre-chemotherapy biopsy sample (preferred) <input type="checkbox"/> Post-chemotherapy biopsy sample <input type="checkbox"/> Pathology report attached (required) Pathologist Name: _____ Signature: _____ Case Number: _____	

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For Germline testing only (blood sample only required):

- The sample required is 3-5ml of venous blood in **EDTA** anticoagulant. Please send at room temperature by courier to: Beaumont Hospital Molecular Pathology Laboratory, Beaumont Hospital, Dublin 9, D09 V2N0 or to Cancer Molecular Diagnostics, St James's Hospital, James's Street, Dublin 8, D08 RX0X.
- Refrigerate if there will be more than a 24 hr delay before posting. **DO NOT FREEZE.**
- Note the minimum identification requirements for genetic testing are
 - a) patient's forename and surname and date of birth or medical record number
 - b) these identifiers must be present on the sample tube and the genetic test request form and must match exactly.
- Queries regarding the sample, sample identification requirements or transport should be directed to biomarkers@beaumont.ie / 01-809 3726 or cmd@stjames.ie / 01-416 3575/3576.

For tumour testing only (tissue block only required):

- Complete this form and forward to the local Histopathology laboratory. A pathologist will review the available material and select the most appropriate block for testing.
- This block will be sent to the Beaumont Hospital Molecular Pathology Laboratory or the Cancer Molecular Diagnostics laboratory and a report issued following analysis.
- A copy of the tumour report will also be sent to the local Histopathology laboratory for their records.

For combined tumour and germline testing (blood sample and tissue block required):

- Complete this form and photocopy.
- Include one copy of the form with the blood sample that is to be sent to the testing laboratory. The sample required is 3-5ml of venous blood in **EDTA** anticoagulant. Please send at room temperature by courier to: Beaumont Hospital Molecular Pathology Laboratory, Beaumont Hospital, Dublin 9, D09 V2N0 or to Cancer Molecular Diagnostics, St James's Hospital, James's Street, Dublin 8, D08 RX0X.
- Note the minimum identification requirements for genetic testing are
 - a) patient's forename and surname and date of birth or medical record number
 - b) these identifiers must be present on the sample tube and the genetic test request form and must match exactly.
- Queries regarding the sample, sample identification requirements or transport should be directed to biomarkers@beaumont.ie / 01-809 3726 or cmd@stjames.ie / 01-416 3575/3576.
- Forward a second copy of this form to the Histopathology laboratory. This will ensure appropriate block selection for the patient.
- **Note to local Histopathology laboratory:** Please also include a copy of the original Histopathology report along with this form and the tissue block(s).
- A copy of the tumour report will be sent to the local Histopathology laboratory. However, the germline results and integrated report will only be sent to the requesting oncologist.

Information for Pathologists:

- Please indicate if the sample is a pre-chemotherapy or a post-chemotherapy biopsy sample as this may impact testing outcome
- Please select the block with the largest tumour content (ideally >50% high grade serous carcinoma tumour nuclei content, with minimal necrosis, however please note this will be re-assessed at the testing lab also)
- Sending of samples should be prioritised.
- Send the sample with a copy of the histopathology report by courier to: Beaumont Hospital Molecular Pathology Laboratory, Beaumont Hospital, Dublin 9, D09 V2N0 or to Cancer Molecular Diagnostics, St James's Hospital, James's Street, Dublin 8, D08 RX0X.