



### TEST REQUEST FORM FOR TESTING TO INFORM PARP INHIBITOR TREATMENT OPTIONS

Surname:		First Name:	
Date of Birth:	MRN/Hospital Number:	Gender:	
Residential Address:			
Referring Medical Oncologist (first name, surname, and hospital):		Person requesting test:	
Contact Email Address:	Clinical Team Email Address:	Pathology Email Address:	
<b>DETAILS OF TEST REQUESTED:</b> <b>Breast</b> <input type="checkbox"/> Germline BRCA only (EDTA blood)  <b>Pancreas</b> <input type="checkbox"/> Germline BRCA only (EDTA blood)  <b>Prostate</b> <input type="checkbox"/> Tumour BRCA and MLPA with reflex gBRCA if required (EDTA blood & FFPE tumour block to same testing site)		<b>CURRENT DIAGNOSIS (tick one):</b> <b>Breast</b> <input type="checkbox"/> HER2-negative, high risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy <input type="checkbox"/> HER2 negative locally advanced or metastatic breast cancer (germline BRCA test only)  <b>Pancreas</b> <input type="checkbox"/> Metastatic adenocarcinoma of the pancreas being considered for platinum treatment  <b>Prostate</b> <input type="checkbox"/> metastatic prostate cancer (tBRCA and MLPA with reflex gBRCA if tBRCA positive)	
*For germline and tumour requests complete the form in full and include a copy of the form with the blood sample and send a <u>photocopy</u> to histopathology to include with block referral.			
<b>CLINICAL INFORMATION:</b> <input type="checkbox"/> Patient is being considered for adjuvant treatment of HER2-negative high risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy <input type="checkbox"/> Patient is being considered for PARP inhibitor treatment of HER2-negative locally advanced or metastatic breast cancer. <input type="checkbox"/> Patient is being considered for maintenance treatment with olaparib for metastatic adenocarcinoma of the pancreas. <input type="checkbox"/> Patient is being considered for PARP inhibitor treatment of mCRPC			
<b>To be completed by patient:</b> <ul style="list-style-type: none"> <li>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 <b>YES / NO (please circle)</b></li> <li>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 <b>(YES/NO) (please circle)</b></li> <li>I consent that my genetic test result can be made available for use in counselling other family members <b>YES/NO (please circle)</b></li> <li>I consent for this sample to be used for quality assurance and audit purposes <b>YES/NO (please circle)</b></li> <li>If I am unable to receive the results of the test, I would like the result to be given to the following person(s)</li> </ul> Name: ..... Relationship:..... Contact no:.....  Signed: ..... Date: .....			
<b>For completion by referring doctor:</b> <ul style="list-style-type: none"> <li>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.</li> </ul> Signature..... Name (block capitals)..... Contact Number..... Medical Council Registration Number: .....			

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Sample Details (complete as appropriate)	
Germline or MLPA (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):  Date Taken:  Signature:	<b>Prostate</b> <input type="checkbox"/> Pre-chemotherapy biopsy sample (preferred)  <input type="checkbox"/> Post-chemotherapy biopsy sample  Age of sample:  <b>All samples</b> <input type="checkbox"/> Pathology report attached (required)  Pathologist name (Full Name):  Hospital Name:  Case Number:  Signature:

**For Germline testing only:**

- Sample required is 3-5ml of venous blood in EDTA anticoagulant. Send at room temperature by courier to: Beaumont Hospital Molecular Pathology Laboratory, Beaumont Hospital, Dublin 9, D09 V2N0 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 & 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 [molecular@beaumont.ie](mailto:molecular@beaumont.ie) / 01-809 3726

**For tumour testing only:**

- Complete form and photocopy.
- Include one copy of the form with the blood sample.
- Forward a second copy of the form to the histopathology laboratory for block selection. A pathologist will review the available material and select the most appropriate block for testing.
- This block will be sent to Beaumont Hospital Molecular Pathology Laboratory and a report issued.
- A copy of the tumour report will also be sent to the histopathology laboratory for their records.

**For combined tumour and germline testing:**

- Complete form and photocopy.
- Include one copy of the form with the blood sample.
- Forward a second copy of the form to the histopathology laboratory for block selection.
- A copy of the tumour report will be forwarded to the histopathology laboratory however the germline results and integrated report will only be forwarded to the requesting oncologist.

**Information for Pathologists:**

- Please indicate if it 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 for ovarian samples and block with highest tumour cellularity available for prostate samples), however please note this will be re-assessed at the reference 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.