Cancer Molecular Diagnostics, LabMed Directorate, St. James's Hospital, Dublin 8
Tel: 01-4103576/3567 01-4162062 Fax: 01-4103513
Email: cmd@stjames.ie

BRCA TEST REQUEST AND CONSENT FORM FOR PARP INHIBITOR SELECTION

Surname:		**First Name:**
Date of Birth	**MRN/Hospital Number**	**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: □ Combined germline and tumour BRCA* □ Germline BRCA only □ Tumour BRCA only *For germline and tumour requests complete the form in full and include a copy of the form with the blood sample and send a photocopy to histopathology to include with block referral.	**CURRENT DIAGNOSIS (tick one):** □ High grade serous epithelial ovarian cancer □ High grade endometrioid ovarian cancer □ Fallopian tube cancer □ Primary peritoneal cancer □ HER2 negative locally advanced or metastatic breast cancer (germline BRCA test only)

CLINICAL INFORMATION:
□ Patient is being considered for first line maintenance PARP inhibitor treatment of a platinum –sensitive tumour
□ Patient is being considered for maintenance PARP inhibitor treatment of a platinum-sensitive relapsed tumour
□ Patient is being considered for PARP inhibitor treatment of HER2-negative locally advanced or metastatic breast cancer

To be completed by patient

- 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 CMD 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:**

- 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
□ Blood Sample (>3ml EDTA) □ Tube labelled with patient name, DOB and MRN Sample Taken by (Full Name): Date Taken: Signature:	□ Pre-chemotherapy biopsy sample (preferred) □ Post-chemotherapy biopsy sample □ Pathology report attached (required) Pathologist name (Full Name): Hospital Name: Case Number: Signature:

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For Germline testing only:

- Sample required is 3-5ml of venous blood in EDTA anticoagulant. Send at room temperature by courier 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 & 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 cmd@stjames.ie or 01-416 3575/3576.

For tumour testing only:

- Complete form and forward to histopathology laboratory. A pathologist will review the available material and select the most appropriate block for testing.
- This block will be sent to the Cancer Molecular Diagnostics (CMD) laboratory and a report issued to the requesting oncologist.

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.
- An integrated report will 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), 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: Cancer Molecular Diagnostics, St James's Hospital, James's Street, Dublin 8, D08 RX0X.