



HRD TEST REQUEST AND CONSENT FORM FOR PARP INHIBITOR SELECTION

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:	
CLINICAL INFORMATION: For completion by referring doctor			
<input type="checkbox"/> I confirm the patient has newly diagnosed, advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer.			
For completion by referring doctor:			
<ul style="list-style-type: none"> I have discussed this test with my patient and obtained appropriate informed consent. I confirm that 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)			
Ovarian			
<input type="checkbox"/> Pre-chemotherapy biopsy sample (preferred) <input type="checkbox"/> Post-chemotherapy biopsy sample			
All samples			
Pathologist Full Name:.....		Hospital Name:.....	
Case Number:.....		Signature:.....	
<input type="checkbox"/> Pathology report attached (required)			
Sample Requirements			
For tumour testing only:			
<ul style="list-style-type: none"> Forward the completed form to the histopathology laboratory where the material resides for block selection. A pathologist will review the available material and select the most appropriate block for testing. Arrange for this block along with a blood sample for MLPA testing only and a copy of the Pathology report to be sent to Beaumont Hospital Molecular Pathology Laboratory. A copy of the tumour report will also be sent to the histopathology laboratory for their records. 			
Information for Pathologists:			
<ul style="list-style-type: none"> 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: <u>Beaumont Hospital Molecular Pathology Laboratory, Beaumont Hospital, Dublin 9, D09 V2N0.</u>			
In case of enquiry, please contact Molecular Pathology Beaumont on (01) 809 2856 or email molecular@beaumont.ie .			