



### BRCA 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:	
<b>DETAILS OF TEST REQUESTED:</b> <b>Ovarian/Fallopian tube/peritoneal</b> <input type="checkbox"/> Combined germline and tumour BRCA and MLPA* (EDTA blood & FFPE tumour block to same testing site) <input type="checkbox"/> Germline BRCA only (EDTA blood) <input type="checkbox"/> Tumour BRCA only (FFPE tumour block)  <b>Breast</b> <input type="checkbox"/> Germline BRCA only (EDTA blood only)  <b>Prostate</b> <input type="checkbox"/> Tumour BRCA and MLPA with reflex gBRCA if required* (EDTA blood & FFPE tumour block to same testing site)  *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>CURRENT DIAGNOSIS (tick one):</b> <b>Ovarian/Fallopian tube/peritoneal</b> <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  <b>Breast</b> <input type="checkbox"/> HER2 negative locally advanced or metastatic breast cancer (germline BRCA test only)  <b>Prostate</b> <input type="checkbox"/> mCRPC (tBRCA and MLPA with reflex gBRCA if tBRCA positive or tBRCA fails)	
<b>CLINICAL INFORMATION:</b> <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. <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)             Name: ..... Relationship:..... Contact no:.....</li> </ul> <b>Signed:</b> ..... <b>Date:</b> .....			
<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: .....			
<b>Sample Details (complete as appropriate)</b>			
<b>Germline or MLPA (blood) samples</b>		<b>Tumour/FFPE samples</b>	
<input type="checkbox"/> Blood Sample (>3ml EDTA) <input type="checkbox"/> Tube labelled with patient name, DOB and MRN		<b>Ovarian</b> <input type="checkbox"/> Pre-chemotherapy biopsy sample (preferred) <input type="checkbox"/> Post-chemotherapy biopsy sample	

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<p>Sample Taken by (Full Name):</p> <p>Date Taken:</p> <p>Signature:</p>	<p><b>Prostate</b></p> <p><input type="checkbox"/> Pre-chemotherapy biopsy sample</p> <p><input type="checkbox"/> Post-chemotherapy biopsy sample</p> <p>Age of sample (years):</p> <p><b>All samples</b></p> <p><input type="checkbox"/> Pathology report attached (required)</p> <p>Pathologist name (Full Name):</p> <p>Hospital Name:</p> <p>Case Number:</p> <p>Signature:</p>
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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: 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
  - patient's forename & surname and date of birth or medical record number.
  - 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](mailto:biomarkers@beaumont.ie) / 01-809 3726.

**For tumour testing only:**

- Complete this form.
- Forward the 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 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.

**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 where the material resides 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.