

Adult Genetics Unit
 Medicine Directorate, Royal Adelaide Hospital
 Postal Address Level 8 (8F401.52) MDP 63,
 Port Road, Adelaide SA 5000, AUSTRALIA
 Tel (08) 7074 2697
 Fax (08) 8429 6112
sapathology.agu@sa.gov.au

**ADULT GENETICS UNIT
 FAMILIAL CANCER REFERRAL FORM**

Incomplete forms will be returned

Referral date

PATIENT DETAILS (or patient label)	
Patient Name:	_____
UR:	_____
DOB:	_____
Medicare Number:	_____
Street Address:	_____
Suburb:	_____
Postcode:	_____
Telephone:	_____
Email:	_____
Interpreter required:	Y <input type="checkbox"/> N <input type="checkbox"/>
Language?	_____

Referring Health Care Provider Details

Name: _____
 Speciality: _____
 Provider No: _____
 Address: _____
 Telephone: _____ Fax: _____
 Referral to: Dr Nicola Poplawski other _____

Referral Reason

Reason for referral (please tick; for more information please turn over)

Familial Breast and Ovarian cancer
 Familial colorectal cancer (including Lynch Syndrome/HNPCC)
 Colorectal Polyposis Syndrome
 other familial cancer syndrome _____ (please specify)
 Family history of mutation in cancer predisposition gene (gene name: _____)
 other _____ (please specify)

Clinical Information:

Has the patient been diagnosed with cancer / polyps? Y N

1. Type of cancer/polyp _____ Age at diagnosis _____
 2. Type of cancer/polyp _____ Age at diagnosis _____
 3. Type of cancer/polyp _____ Age at diagnosis _____

Are relevant histopathology, procedure summaries and letters attached? Y N

Referral Urgency:

Is the patient palliative? Y N

Is the patient being considering for a clinical trial? Y N

Will a genetic testing alter whether the patient has treatment or surgery? Y N

Has DNA been stored? (2-5ml EDTA sent to SA Pathology)..... Y N

Family History:
 detail any first or second degree relatives with cancer or genetic testing for familial cancer (please attach another piece of paper if not enough space)

Relation to patient	Cancer diagnosis	Age at diagnosis	Genetic test result

Does the patient have Jewish Ancestry? Y N

Hereditary breast and Ovarian Cancer

PLEASE TICK ALL THAT APPLY (Please attach histopathology report)

Personal history (tick all that apply)

- breast* cancer diagnosed \leq age 30
- triple negative breast cancer diagnosed \leq 50
- 2 or more primary breast cancers
- male diagnosed with breast cancer
- ovarian** cancer (pathology report required)
- breast and ovarian** cancer (pathology report required)
- breast* cancer or ovarian** cancer in Ashkenazi Jewish families

Family history of breast and/or ovarian cancer (tick all that apply; list relative and cancers on page one)

- close male relative with breast cancer
- close family member diagnosed with 2 or more primary breast* cancers
- close family member diagnosed with ovarian** cancer
- close family member diagnosed with both breast* and ovarian** cancer
- 1 case of ovarian** cancer and 1 case of breast* cancer in close female relatives
- 2 cases of breast* cancer in close female relatives, both diagnosed \leq age 50
- 3 or more cases of breast* cancer in close female relatives, with at least 1 diagnosed \leq age 50

* breast cancer **excludes** lobular carcinoma in situ (LCIS). Includes **DCIS depending on age & grade**

** ovarian cancer refers to invasive non-mucinous epithelial ovarian cancer; **includes** cancer of the fallopian tubes or primary peritoneal cancer; **excludes** borderline/LMP ovarian tumours

Lynch Syndrome/HNPCC

PLEASE TICK ALL THAT APPLY (Please attach histopathology report)

Personal history (tick all that apply)

- CRC diagnosed \leq age 40
- CRC with MSI-H or IHC deficient result (pathology report required)
- 2 or more primary CRCs
- CRC and a second Lynch syndrome-associated cancer
- endometrial cancer with MSI-H or IHC deficient result (pathology report required)
- multiple adenomatous polyps or serrated/hyperplastic polyps (pathology report required)
- hamartomatous polyps (any number) (pathology report required)

Family history of CRC and/or polyps and/or other cancers (tick all that apply; list relative cancers on page one)

- family history includes a close family member with 2 or more primary Lynch syndrome-associated cancers
- family history includes 2 first degree relatives with Lynch syndrome-associated cancer both diagnosed \leq age 50
- family history includes 3 or more cases of Lynch syndrome-associated cancer, at least one diagnosed \leq age 50

Lynch syndrome-associated: adenocarcinoma colorectum, endometrium, small intestine, stomach, ovary, or pancreas, transitional cell carcinoma ureter or renal pelvis, cholangiocarcinoma, brain tumour (usually glioblastoma), sebaceous gland tumours, keratoacanthomas

Other relevant information

**If you have questions regarding filling out this referral form,
please call (08) 7074 2697 and ask to speak to the Genetic Counsellor on duty.**