

Wellington Regional Genetics Laboratory (WRGL)
Wellington Hospital
Private Bag 7902
Wellington 6242
Tel: (04) 918 5352
Email: MolecularSection@ccdhb.org.nz

MS Breast Pilot Genetic Request Form

(Attach label or complete details)

NHI:

DOB:

Family Name:

Given Name:

Sex:

Requested By:

Print Name / Designation:

Extra copy to: E. Felix (Genetics) FELEG

Sample Date:

Clinical Details / Family History

Please provide details if there is a family history of cancer (include **cancer type**, **age** at diagnosis, and **relationship** to patient including maternal/paternal).

Surgery / treatment details and timeframe:

MS pilot eligibility: (check box)

- ☐ Invasive breast cancer ≤ 40
- ☐ Triple negative breast cancer (TNBC) ≤ 60
- ☐ Bilateral breast cancer ≤ 60 (1st primary ≤ 50) *
- ☐ Ipsilateral breast cancer ≤ 60 (1st primary ≤ 50 and separated chronologically by at least 5 years)
- ☐ Breast cancer in an individual AMAB

GHSNZ referral required if:

- Patient does not meet MS pilot criteria but has a family history with a 10% mutation probability (see Manchester Scoring system (MSS) <https://www.eviq.org.au/additional-clinical-information-cancer-genetics/3246-manchester-scoring-system>)
- Genetic testing has already been performed in the family
- Patient / whānau prefer more information about genetic testing

Test Details (check box)

4 ml EDTA blood sample required

- ☐ Diagnostic Breast MS Panel
(BRCA1/2 ATM PALB2 CHEK2 RAD51C RAD51D)
- ☐ + CDH1 (lobular brca < 50 / lobular breast ca. and NZ Māori)
- ☐ + TP53 (breast ca ≤ 30)

Consent for genetic testing and DNA storage

- ☐ I acknowledge that informed patient consent is the responsibility of the ordering clinician
- ☐ Signed consent is enclosed or stored in the patient medical records.

Priority

All samples will be tested on a routine basis unless the reason for urgency and treatment timeframe is provided

Urgent (4 weeks) - reason

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Routine – (8 weeks)

Shipping Instructions

Please send a **4 ml blood sample in EDTA** to:

Wellington Regional Genetics Laboratory

Level 6 Ward Support Block
Wellington Hospital
Riddiford Street
Newtown
Wellington 6021
Phone: (04) 9185352

Email: molecularsection@ccdhb.org.nz