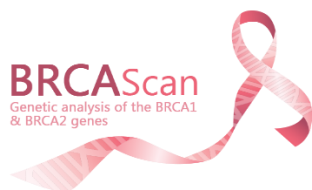


# Hereditary Cancer Testing

## Analysis of BRCA1 and BRCA2 genes



Affix one bar code label here

### TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

Ro'ya Specialized Medical Laboratories, King Fahad Medical Research Center, King Abdulaziz University, Jeddah, Kingdom of Saudi Arabia

SPECIMEN COLLECTION DATE (Required)

DD-MMM-YYYY

□	□	□	□	□	□	□	□	□	□
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SPECIMEN COLLECTED BY (Required)

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Please print all information in BLOCK LETTERS

PATIENT		ORDERING PHYSICIAN	
DATE OF BIRTH (DD-MMM-YYY): □□□□□ □□□□		LAST NAME:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	PATIENT ID:	FIRST NAME:	CLINICAL ID:
LAST NAME:		INSTITUTION:	
FIRST NAME:		ADDRESS:	
BILLING INFORMATION		CITY, POSTAL CODE:	
		COUNTRY:	DAY PHONE:
		<input type="checkbox"/> Send results electronically and by mail	FAX:
		E-MAIL:	

### PATIENT'S PERSONAL HISTORY OF CANCER (Check all that apply)

No Personal History of Cancer

Breast Cancer, Age at DX: \_\_\_\_\_  Triple Negative (ER-, PR-, HER2-)  Ductal Invasive  Lobular Invasive  DCIS  Bilateral  Premenopausal

Ovarian Cancer, Age at DX: \_\_\_\_\_

Other Cancer(s): \_\_\_\_\_ Age at DX: \_\_\_\_\_

Bone Marrow Transplant Recipient

Diagnosis of a Hematologic Cancer: Specify Type: \_\_\_\_\_ In Remission  Yes  No

### FAMILY HISTORY OF CANCER

Please indicate relationship, maternal or paternal, site of cancer, age at diagnosis (for breast cancer, indicate if bilateral, premenopausal, or triple negative)

No Known Family History

Relationship	Maternal	Paternal	Cancer Site(s)	Age at Diagnosis
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

### TEST REQUESTED

BRCA – BRCA1 and BRCA2 gene sequencing and large rearrangement analysis for susceptibility to Hereditary Breast and Ovarian Cancer Syndrome

Single Site BRCA– Mutation-specific analysis for individuals with a known BRCA1 or BRCA2 mutation in the family  
Relationship: My Patient is the: \_\_\_\_\_ (e.g., maternal aunt) of the known mutation carrier. Required: Include a copy of the known mutation carrier's report.  
Specify Gene  BRCA1  BRCA2 Specify Variant (mutation): \_\_\_\_\_

Other test: \_\_\_\_\_

I hereby authorize testing and confirm that informed consent has been obtained from the patient for the specimen to be sent to Roya for analysis. The patient has been fully informed about the benefits, risks, and limitations of genetic testing for inherited susceptibility to cancer by a person qualified to provide patient education and informed consent for the above mentioned disease(s) according to my countries regulations. The patient has signed the GenaTo 'Patient Consent for Hereditary Cancer Genetic Testing' form which will be retained locally on file. I confirm that this test is medically necessary and results will be used in the medical management and treatment decisions for the patient.

Ordering Physician/Healthcare Provider's  
Signature

Date