

Te Whatu Ora

Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

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



Oncology Ovarian Genetic Test Form

(Attach label or complete details)		Requested by: Print name / Designation: Extra copy to:	Sample date:
NHI:	DOB:		
Family Name:	Given Name:		
Sex:			
Clinical Details / Family History (Please provide details if there is a family history of cancer)	Test details		
	<u>Send-away laboratory details</u> Labplus - Auckland <u>Specific test required:</u> Diagnostic MS Ovarian panel (BRCA1/2 PALB2 RAD51C/D BRIP1) <u>Priority</u> Urgent - reason (include treatment time-frame) Routine – Results in 8-12 weeks		
Shipping Instructions <u>Please send blood sample with this original request and consent form to:</u> Wellington Regional Genetics Laboratory Level 6 Ward Support Block Wellington Hospital Riddiford Street Wellington 6021 Phone: (04) 9185352	All samples will be tested on a routine basis assuming testing is occurring close to diagnosis unless otherwise specified.		
	<u>Molecular Genetics Sample: Adult</u> <input type="checkbox"/> 4 ml EDTA		

PLEASE TURN OVER FOR PATIENT CONSENT
Informed consent is the responsibility of the ordering clinician

All signatures to be completed on page 3 of this form

(Attach Label here or Complete Details)

NAME: _____ NHI: _____

GENDER: ___ DOB: _____ AGE: _____ WARD: _____

**Consent to analysis of genes associated with breast and ovarian cancer
(BRCA1, BRCA2, PALB2, BRIP1, RAD51C and RAD51D)**

I, the patient named above, have been offered a genetic test to look for mutations (changes) in a panel of genes that cause familial breast and ovarian cancer syndromes.

Genetic testing of ovarian cancer genes in a sample of DNA from tumour tissue may also be arranged. This may help doctors with treatment decisions.

The nature, purpose, benefits, possible results and risks associated with genetic testing have been discussed with me. I have received and read the information sheet "Genetic testing for hereditary ovarian cancer".

Testing

- A blood sample will be collected and used to test the BRCA1, BRCA2, PALB2, BRIP1, RAD51C and RAD51D genes associated with some breast and ovarian cancers.
- The DNA sample will be stored in the laboratory according to regulations.
- The DNA sample will be sent overseas for testing.
- Stored DNA may be used as a laboratory control sample or for quality assurance purposes.
- Testing is voluntary and it is possible to withdraw from the testing process at any stage.
- DNA may be returned or destroyed (contact Genetic Health Service NZ central hub to arrange).
- Genetic testing may have insurance implications.
- Genetic counselling is available for myself and my whānau/family if I wish to discuss testing in more detail.

The test result

- May assist in treatment decisions regarding my ovarian cancer.
- May mean I am at increased risk of breast cancer.
- May have implications for my whānau/family and change the estimation of their risk of cancer.

Sharing the result:

If I am unable to receive my test results, they may be given to:

Name _____ Relationship _____

Address _____

Phone _____

I consent to my result being given to relevant whānau/family members and health professionals involved in their care. If you do not wish to share this information please tick this box

Comments on sharing result with whānau/family members:

My test result will be shared with Genetic Health Service NZ and may be added to a secure genetic database for the purpose of:

- Assisting with the interpretation of the result, where relevant.
- Genetic testing of other whānau/family members, where relevant and where consent to share result with relevant whānau/family members has been given.

(Attach Label here or Complete Details)

NAME: _____ NHI: _____
GENDER: ___ DOB: _____ AGE: ___ WARD: _____

- DNA and/or results will not be released to any other third party without my consent (unless legally required or permitted to do so).
- I agree that my results from genetic testing and clinical data may be added to the secure genetic database of the Genetic Health Service NZ in a coded manner which will not disclose my personal identity. This information may be used for research to improve our understanding of genetic changes that are relevant to diagnosis and management.

More information:

I have had the opportunity to ask questions and have received all of the information I want at this stage. I understand that I am welcome to ask for more information at any time.

Interpretation:

Interpreters are available for most languages. If there is any doubt as to the patient's ability to understand English, please contact the Interpreter Service on 0800 854 737 or +64 9 871 0401.

Note: Te Whatu Ora Capital, Coast, Hutt Valley and Wairarapa policy is that an independent interpreter booked through the interpreter service must be used (unless there are exceptional circumstances and only until an independent interpreter can be located).

Interpreter's Name: _____ Language: _____

SIGNATURES

I give informed consent to the test and information sharing described above. I understand I can change my mind at any time.

Name: _____

Patient / Legal Guardian / Welfare Guardian / Enduring Power of Attorney for personal care and welfare (circle one)

Signed: _____ Date: ___/___/20___

Name of Health Practitioner: _____ Title: _____

(who discussed informed consent)

Signed: _____ Date: ___/___/20___