

Genetic testing record of discussion form for patients with ovarian cancer

Record of discussion regarding genetic testing and/or storage of genetic material (including tumour tissue/normal tissue/blood/saliva/DNA)

I have discussed genomic/genetic testing with my health professional and I understand that:

Clinical implications

- Genetic testing may be performed on my blood sample or saliva, as well as tissue (cancerous and non-cancerous).
- The results of my test may confirm I have a genetic condition and will need ongoing clinical management (e.g. surveillance, surgery, medication etc.).
- The test may also identify additional, sometimes unexpected, information for which I may require further tests or investigations.
- The test may not be able to identify a genetic diagnosis, or may not provide a clear answer (please see next section).

Uncertainty

- The results of my test may be uncertain and the relevance to my health may not yet be fully understood.
- I acknowledge that interpretation of my results may change over time and I may be contacted if there are any updates which have clinical implications.
- The NHS may not be able to re-contact every person for whom the interpretation of their result changes, but I can request a referral for my results to be reviewed again in the future.

Family implications

- The results of my test may have implications for other members of my family. I acknowledge that my results may be shared with other centres to inform the appropriate healthcare of others.

DNA and data storage

- Normal laboratory practice is to store the DNA extracted from my sample, even after the current testing is complete. My sample might be used to help with tests for other family members.
- Data from my test will be stored so it can be looked at again in the future if necessary.

Health records

- Results from my test and my test report will be part of my patient health record.

Referrals

- Depending on the result, referral to clinical genetics may be necessary

Research

- I understand that I have the opportunity to take part in research which may benefit myself or others, now or in the future.

I agree to being contacted to discuss relevant research opportunities in future

(PLEASE CIRCLE)
YES / NO

Affix sticker or complete

GENOMIC / GENETIC TEST DETAILS: Ovarian cancer diagnostic genetic test (R207) <input type="checkbox"/> HRD and Somatic BRCA1/2 <input type="checkbox"/> DNA storage only <input type="checkbox"/>	Patient forename(s)	
	Patient Surname:	
	Date of Birth:	
	NHS no.:	
	Hospital no.:	

I confirm that I have had the opportunity to discuss information about genetic testing and potential research opportunities.

Patient name:	Signature:	Date: (dd/mm/yyyy)
Parent/Guardian name: (if applicable)	Signature:	Date: (dd/mm/yyyy)
Relationship to patient:		

If I am unable to receive the results of these test(s), I would like the results to be given to:

Name:	Date of birth: (dd/mm/yyyy)	Address:	Relationship to me:

Healthcare professional use only:

To be completed by the healthcare professional recording the patient's choices.

Healthcare Professional's name:	Signature:	Date: (dd/mm/yyyy)
Role/Job title:		
Responsible Clinician: (if different to above)		

NB: One copy for patient and one copy retained for departmental records.