

Please complete the form below and return, enabling us to progress genetic testing.

Genetic Testing

I understand that my blood/saliva or pathology sample will be used to examine my genetic material and tested for gene/s predisposing to hereditary syndromes.

Gene panel: (specify).....
.....
.....

Targeted genetic test: (specify).....
.....
.....

I understand that testing is voluntary and it is possible to withdraw from the testing process, prior to any payments being made.

I confirm that I have never been the recipient of a bone marrow transplant

Results and implications of Genetic Testing

I understand:

- The possible outcomes/results of testing (including the rare possibility of an incidental finding) has been discussed
- The results may have implications for family members
- The limitations of genetic testing (including the chance that mutations may be undetectable using current technology)
- Test results may affect the ability to obtain some types of insurance

Access to genetic test results

I agree that:

- My results from genetic testing and clinical data may be added to international databases, in a coded manner, which will not disclose my personal identity. These databases help improve our understanding of genetic changes that are relevant to diagnosis and management
- My results will be collected, stored, used and disclosed in accordance with the New Zealand Family Cancer Service Ltd's Privacy Policy, a copy of which has been disclosed to me

I give my permission for my identifiable sample to be discussed with: (insert specific names or "all family members") in the event that those family members approach New Zealand Family Cancer Service with questions or concerns arising out of my test results

In the event that I am unable to be contacted, I nominate the following "family member" to be given my results and I have/ will inform them of this nomination. Their details are: (name, address, contact number)

.....
.....
.....

Sample use after testing is complete

I agree that:

- The DNA sample will be stored in the laboratory for up to 60 days
- If DNA is required to be stored for a longer period, please discuss this with one of our Genetic Counsellors

Name of individual being tested:.....

DOB (dd/mm/yy):.....

NHI:.....

Address:.....

Phone number:.....

Date of consent (dd/mm/yy):.....

Signature of individual:

.....

Signature of Health Professional:

.....

Name of Health Professional (printed):

.....



Additional Information

Mutation Search - when a gene mutation has not been found in a relative

A positive test result means that I have a gene mutation that gives me an increased risk of developing cancer. Each of my children has a 50% chance of inheriting the same gene mutation.

If a mutation is not identified, the result is uninformative. This may be because:

- A mutation is present but could not be found using current technology
- A mutation is present in another gene that was not tested.
- Not all genes associated with cancer have been discovered
- An uninformative result does not exclude an inherited predisposition in your family

Results of unknown significance - Sometimes a variant in a gene is found but it is not known what this means. It may or may not be associated with an increased risk of cancer.

Further testing may be done in the future as knowledge of cancer genetics improves.

Predictive Test - when a gene mutation has been found in a relative

A positive test result means that I carry the gene mutation that causes an increased risk of cancer in my family. Each of my children have a 50% chance of inheriting the same mutation.

A negative result means that I have not inherited the gene mutation that has caused an increased risk of cancer in my family. Therefore I cannot pass it onto my children.

The Test Result

- Cannot predict whether you will develop cancer
- Cannot predict the age of onset or type of cancer that may develop
- May change the estimation of risk for your relatives