New Zealand
Family Cancer Service®

Consent to release information (cancer)

The intention of this form is to gather accurate information about the cancer in your family. In order to do this, we need to confirm the diagnoses within the family and in some cases, genetic records for other family members such as clinical letters and genetic test results. **Please see below further information on this.**

This form should be completed by the person who has been affected by cancer, or their next of kin if deceased.

Family Member of Interest

Full name:.....

Address:.....

.....

Contact no:.....

Date of Birth:..... NHI:.....

If deceased, date of death:.....

I hereby give permission for New Zealand Family Cancer Service to have access to the medical records of the family member of interest, and use them for assessment of familial cancer risk.

NOTE: The information gained from these records will be stored in our patient database. They may also be specified in consultation letters and/or referred too during consults with us.

I give consent for this information to be shared with genetics health professionals should this be requested by another family member:

☐ Yes ☐ No

In the event of a positive genetic test I agree for my result to be stored with the Genetic Health Service NZ (GHSNZ) to be available for family members:

☐ Yes ☐ No

Signature:.....

Date:.....

If you are signing this form for a deceased family member please complete below:

Name:.....

Address:.....

Contact no:.....

Your relationship to the deceased family member:

.....

Please return this form to:

New Zealand Family Cancer Service
PO Box 56621
Dominion Road
Auckland 1446

Email: practice@familycancer.co.nz

Cancer Risk Assessment Process

Our service meets with individuals to assess whether their family history puts them at any increased risk for cancer. When assessing a family history of cancer, we consider whether the cancer is more likely to have occurred by chance (because cancer is common in the general population), or whether there could be an inherited susceptibility being passed through the generations.

Only about 5 to 10% of all cancers are related to an inherited susceptibility. Some of the features that increase the likelihood of an inherited susceptibility to cancer include:

- Several close relatives on the same side of the family with the same type of cancer
- More than one primary cancer in the same person
- Young age at cancer diagnosis (e.g. breast cancer under 40 years, colon cancer under 50 years)
- A cluster of cancers that are known to be associated with specific genes (e.g. there is an association between breast and ovarian cancer, there is an association between colorectal and uterine cancer).

If we suspect the presence of an inherited cancer syndrome, we provide families with information about the condition and its inheritance. We may suggest appropriate screening to help manage any increased risk of cancer. Sometimes we offer genetic testing to a family member who has had cancer in an attempt to identify the genetic cause for the cancers that have occurred. If we are able to identify a genetic cause, we are then able to offer testing to other members of the family to clarify their risks of developing cancer.

To assess a family's risk of cancer we ask those affected by cancer, and close relatives of people who have died from cancer, to allow us access to pathology reports. If you are willing to provide access to these records please complete and sign this form. Please be as specific as possible about dates of birth, dates of death, previous names, type of cancer, and place of treatment, as this information makes tracing records easier and our overall assessment more accurate. However, if you do not have all of this information, we may still be able to access records if you are able to provide us with the name and date of birth of your relative.