

## Consent form: R208 or R444.1 Mainstream breast cancer genomic testing

Patient details <i>(affix patient's addressograph label or print)</i>	
Patient name:	
Date of birth:	
NHS No:	

**Section 1: To be completed by the health professional**

The patient meets the criteria for mainstreamed breast cancer genetic testing in one of the following categories: Please tick any that apply	
Triple negative breast cancer diagnosed <60 years	
Olaparib eligibility (NOT triple negative)	
Male breast cancer	
Breast cancer <40 years	
I have obtained consent from the above-named patient for breast cancer genetic testing	
I have given the patient the information pack containing the "Breast Cancer Genomic Testing" information sheet	

**I confirm I have discussed the following points:**

**Initials**

The purpose of the test and the possible implications.	
What the following outcomes of testing may mean for the patient and their relatives: <ul style="list-style-type: none"> <li>a. A pathogenic variant identified.</li> <li>b. No variants identified.</li> <li>c. Variant of unknown significance identified.</li> </ul>	
Depending on the result referral to Clinical Genetics may be appropriate.	
Results may be delayed if there is a problem with the sample or the test	

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Signature

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Print name

\_/\_/\_/\_/\_  
Date (dd/mm/yyyy)

**Section 2: To be completed by the patient**

**Initials**

I consent for my sample to be tested for breast cancer gene changes and understand that the result will form part of my NHS medical record.	
I have received a copy of the "Breast Cancer Genomic Testing" information sheet and have had the opportunity to ask questions.	
I understand the implications of the test for me and the rest of my family.	
I understand: <ul style="list-style-type: none"> <li>a. I can change my mind at any stage and choose not to receive the results.</li> <li>b. The possible outcomes of this testing.</li> <li>c. Depending on the results I may be referred to my local genetics service.</li> <li>d. My result may be used for the benefit of my family members.</li> <li>e. My result may be used to provide advice and / or testing for my relatives.</li> <li>f. My sample will be stored in a DNA bank but no guarantee can be given that it will be available indefinitely or that it will be of sufficient quality for future testing.</li> <li>g. My results may be delayed if there is a problem with my sample or the test.</li> <li>h. My sample may be used anonymously for the development of new tests</li> </ul>	

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Signature

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Print name

\_/\_/\_/\_/\_  
Date (dd/mm/yyyy)

Further information about NHS Wales data use can be accessed at: <https://dhcw.nhs.wales/ig/information-governance/your-privacy-your-rights/>