(WGLS use only):

W

DNA loc:

In before? Initials

Date of receipt:

Investigation(s):

Referral reason:

Wessex Genomics Laboratory Service (Salisbury)
Salisbury District Hospital, Salisbury, Wilts. SP2 8BJ
Tel.: +44(0)1722 429080
E-mail: shc-tr.WRGLdutyscientist@nhs.net
Web: www.wrgl.org.uk

UKAS MEDICAL
9005

Mainstreaming of R207 (ovarian cancer) or R208 (breast cancer) testing

PATIENT DETAILS

SURNAME	**FORENAME**
Date of birth	**NHS number**
Sex	Hospital number / Genetics number
Consultant	Hospital / Department
Clinician's contact number Additional copies to	NHS Private (address for invoicing):
Patient post code	GP name GP address

Address to email final report: **@nhs.net**

Clinical details

Please provide full clinical details including any relevant family history:
Failure to provide clinical details may cause a delay in testing/reporting.

EDTA blood only

Date of collection _ _ : _ _ : _ _

Collected by

Please pick one of the following tests (tick in the appropriate box):

☐ **R207** Inherited ovarian cancer (without breast cancer). See overleaf for testing criteria.

R207 genes tested: *BRCA1, BRCA2, BRIP1, MLH1, MSH2, MSH6, PALB2, RAD51C* and *RAD51D*.

☐ **R208** Inherited breast cancer and ovarian cancer. See overleaf for testing criteria.

R208 genes tested: *BRCA1, BRCA2, PALB2*, and truncating variants in *ATM, CHEK2, RAD51C* and *RAD51D*.

Referrals will only be accepted from one of the following:

Consultant Clinical Geneticist / Registered Genetics Counsellor ☐

OR named Multi-Disciplinary Team clinician:

- Consultant Oncologist ☐
- Consultant Gynaeoncologist ☐
- Consultant Breast Surgeon ☐
- Breast Physician ☐
- Clinical Nurse Specialist (breast/gynaeoncology) ☐

Name of clinician consenting the patient: .....

Please see next page for NHS England testing criteria. If the patient does not fulfil the testing criteria, the case should be discussed with Clinical Genetics (see link below).
https://www.uhs.nhs.uk/ourservices/genetics/genetics.aspx

Sample collection: please take 2-5 ml of blood in an EDTA tube and mix well by inversion.

NHS University Hospital Southampton NHS Foundation Trust

In submitting this sample the clinician confirms that consent has been obtained for testing and storage.
Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

NHS Central & South Genomic Laboratory Hub

ACCEPTANCE CRITERIA

Relevant testing criteria for clinical indication R207: Inherited ovarian cancer (without breast cancer)

1. High-grade non-mucinous epithelial ovarian cancer (EOC) at any age
OR
2. Epithelial ovarian cancer (EOC) AND
a. ≥1 first degree relative with EOC, OR
b. ≥1 second degree relative with EOC (intervening relative is male, OR female with BSO, OR female deceased) OR
c. ≥2 second / third degree relatives with EOC

Please see the National Genomic Test Directory for the complete list of testing criteria for R207.
https://www.england.nhs.uk/publication/national-genomic-test-directories/

Relevant testing criteria for clinical indication R208: Inherited breast cancer and ovarian cancer

1. Living affected individual (proband) with breast or ovarian cancer where the individual (with or without family history) meets at least one of the criteria. The proband has:
   a. Breast cancer (age < 40 years, excluding grade 1 breast cancers); OR
   b. Bilateral breast cancer (age < 50 years); OR
   c. Triple-negative breast cancer (age < 60 years); OR
   d. Male breast cancer (any age); OR
   e. Breast cancer (age <45 years) and a first-degree relative with breast cancer (age <45 years); OR
   f. Pathology-adjusted Manchester score ≥15 or BOADICEA score ≥10%; OR
   g. Ashkenazi Jewish ancestry and breast cancer at any age.

Please see the National Genomic Test Directory for the complete list of testing criteria for R208.
https://www.england.nhs.uk/publication/national-genomic-test-directories/

N.B.: Somatic testing of ovarian cancer tumours should be requested through **M2.**
N.B.: Somatic testing of breast cancer tumours should be requested through **M3.**

Testing of unaffected and deceased individuals can only be offered by Clinical Genetics.

Referrals for testing will be triaged by the Genomics Laboratory; testing should be targeted at those where a genetic diagnosis will guide management for the proband or family.

SAMPLE COLLECTION

Please collect **2-5 ml** of blood in an **EDTA** tube. **Mix well** by inverting the tube after collection.

Details on both the referral form and the sample tube should be **complete and legible.** We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information.

Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected. Blood samples from patients who have had a recent white cell blood transfusion may not be suitable for testing.

SAMPLE DESPATCH AND TRANSPORT

Sample and referral form should be sent **together** in a secure leak-proof package according to UN3373 shipment classification and packaging instruction P650, to arrive as soon as possible after collection (e.g. by first class post, courier service or hospital transport) and **within 48 hours for optimum results.** Outside packaging should be clearly labelled **'PATHOLOGICAL SAMPLE FOR DELIVERY TO GENETICS'.**

Opening hours are 9 am - 5.30 pm Mon - Fri; please inform the laboratory of any samples likely to arrive over a weekend or bank holiday, or of anything sent by courier which might arrive outside normal working hours. If there is an unavoidable delay between the sample collection and despatch, blood or tissue may be stored in a refrigerator at 4 ^{o}C.

For current information and to download copies of our referral forms and service guides, please refer to our website: www.wrgl.org.uk