

## REFERRAL FOR PROSTATE CANCER GENETIC TESTING

Please fax to 01223 281316 or scan and e-mail to [Referral@GeneHealthUK.com](mailto:Referral@GeneHealthUK.com)

You can also go to [www.GeneHealthUK.com/referral](http://www.GeneHealthUK.com/referral) for online submission

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Partner Name (if applicable): \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Indication for referral:

*Personal history of prostate cancer AND one of the following:*

- Early onset prostate cancer (diagnosis before age 55)
- 2 first degree relatives (brother, son, father) diagnosed with prostate cancer
- Ashkenazi Jewish ancestry
- Several relatives with breast cancer, particularly early onset (before age 50)
- Male breast cancer or ovarian cancer or bilateral breast cancer
- Early onset bowel or womb cancer (before 50)
- Several relatives with colorectal or womb cancer at any age

Routine / Urgent (if urgent please indicate why): \_\_\_\_\_

Consultant Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Notes: \_\_\_\_\_

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