

BREAST CANCER GENETIC TESTING GUIDELINES

Testing criteria:

Breast cancer diagnosis AND:

- Jewish Ancestry
- Diagnosed \leq age 45
- Bilateral breast cancer \leq 60
- Triple negative Tumour
- Ovarian cancer
- Male breast cancer
- Parent / child or sibling meeting above criteria

PMI referral criteria varies from company to company. Any patient meeting the above referral criteria has a 10% or greater risk of BRCA1 and BRCA2, and should be eligible for reimbursement.

If you would like to refer a patient, please use one of the following options:



Fax your completed referral form to **01223 281316**



Email your form to us at Referral@GeneHealthUK.com



Visit www.GeneHealthUK.com/referral for online submitting



Call us on **0800 331 7177**



Write to us at the following address:

GeneHealth UK, 1 The Mill, Copley Hill Business Park, Cambridge Road,
Cambridge CB22 3GN