

## REFERRAL FOR BOWEL 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

Referral to: \_\_\_\_\_  
(name of genetic counsellor – if known)

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

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

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

### Indication for referral:

- Diagnosed <50
- Diagnosed <60 AND specific pathology\*
- Endometrial / Ovarian cancer
- Multiple bowel polyps
- 2+ relatives with colorectal cancer / endometrial or ovarian cancer

OR

- Personal history of multiple Adenomas (15+)*
- Unaffected people with a FDR meeting the above criteria*

\* Presence of tumor infiltrating lymphocytes, Crohn's-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern

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

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

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

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

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

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

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