

**PEDIATRIC HEREDITARY CANCER PANEL:  
clinical information sheet**

Please fill out the form completely, including all relevant clinical information and consent preferences.

For questions, please contact the laboratory ([molecular.genetics@muhc.mcgill.ca](mailto:molecular.genetics@muhc.mcgill.ca)).

Tumor Pathology ID (if applicable): \_\_\_\_\_

**\*Samples will not be processed if this form is incomplete or missing.**

Name (Last, First):\*

Birth date (YYYY-MM-DD):\*        /        /

Father's name:

Mother's name:

Medical Record # (MRN):\*

RAMQ # :\*

*For babies, please provide mother's RAMQ #*

Sex:\*  Male  Female  Unknown

**Patient's diagnostic details and clinical features\***

**Cancer diagnosis :**

\_\_\_\_\_

**Age at diagnosis :** \_\_\_\_\_

**Cancer history:**

- 1<sup>st</sup> primary cancer
- Subsequent cancer

• Details of previous cancer(s) :

\_\_\_\_\_

**Know genetic condition at time of cancer diagnosis :**

Yes (specify) :

\_\_\_\_\_

No

**Previous allogenic hematopoietic stem cell transplant :**

Yes

No

Unknown

**Other relevant clinical and/or cancer history details**

(i.e. abnormal toxicity to treatment, congenital anomalies, etc.)

\_\_\_\_\_

**Consent preferences\***

**Patient (and/or caregiver) consented to receiving genetic results that are medically actionable in adulthood :**

Yes

No

Not applicable (tumor only)

**Additional comments :**

\_\_\_\_\_