

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

TESTING ELIGIBILITY CRITERIA FORM
Testing Indications for Multigene Hereditary Cancer Panel

Minimum criteria required for testing to be appropriate are listed below. Please complete and provide any relevant familial and clinical information on the requisition form.

If the patient does not fulfil the criteria and you still feel that testing should be performed, please contact the laboratory to discuss testing of the sample (molecular.genetics@muhc.mcgill.ca).

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

Referring Physician's Specialty (test can only be ordered by one of the following specialties):

- Medical Genetics
 General surgical oncology
 Medical oncology
 Gynecologic oncology
 Radiation oncology

Tumour Site	Any of the above specialties:
Breast	<input type="checkbox"/> Breast cancer ≤ 50 years old <input type="checkbox"/> Triple negative breast cancer at any age <input type="checkbox"/> Breast cancer in a male at any age <input type="checkbox"/> Contralateral breast cancer with first primary ≤ 50 years old <input type="checkbox"/> Breast cancer AND at least one grandparent of Ashkenazi Jewish descent <input type="checkbox"/> Breast cancer AND testing requested to aid in systemic treatment decisions for PARP inhibitor eligibility
Ovarian	<input type="checkbox"/> High-grade non-mucinous ovarian cancer at any age
	Medical Genetics only:
Breast	<input type="checkbox"/> Breast cancer > 50 years old AND a relevant family history of cancer
Colorectal OR Endometrial OR Colorectal Polyps	Immunohistochemistry (IHC) with loss of expression of: <input type="checkbox"/> MLH1 <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> PMS2 If loss of expression of MLH1 and/or PMS2: <input type="checkbox"/> Tumour negative for MLH1 promoter hypermethylation and/or BRAF p.Val600Glu (V600E) variant <input type="checkbox"/> Colorectal cancer ≤ 50 years old <input type="checkbox"/> Endometrial cancer ≤ 50 years old <input type="checkbox"/> Colorectal cancer AND a synchronous or metachronous Lynch syndrome-related cancer ¹ <input type="checkbox"/> Colorectal/endometrial cancer AND a family history of Lynch syndrome-related cancer ¹ <input type="checkbox"/> ≥10 histologically confirmed adenomatous polyps <input type="checkbox"/> ≥2 histologically confirmed hamartomatous polyps <input type="checkbox"/> ≥5 histologically confirmed juvenile polyps <input type="checkbox"/> Histologically defined polyps suggestive of a specific syndrome: _____
Pancreas	<input type="checkbox"/> Pancreas adenocarcinoma at any age
Prostate	<input type="checkbox"/> Metastatic castration-resistant prostate cancer at ≤ 80 years old <input type="checkbox"/> Prostate cancer at any age AND high-risk base on: <input type="checkbox"/> Gleason score ≥ 8 <input type="checkbox"/> Cancer stage ≥ T3 <input type="checkbox"/> PSA > 20
Gastric	<input type="checkbox"/> Gastric adenocarcinoma ≤ 50 years old <input type="checkbox"/> Diffuse gastric cancer at any age
Any	<input type="checkbox"/> Unaffected with a relevant family history of cancer in at least one 1 st /2 nd degree relative (<i>pedigree required</i>) <input type="checkbox"/> Other reason for testing: _____ Additional clinical details for test interpretation: _____ _____ _____ _____

¹Lynch syndrome-related cancers include: colorectal, endometrial, ovarian, gastric, small bowel, urinary tract, brain, skin (sebaceous adenoma, sebaceous carcinoma, keratoacanthoma), pancreas and prostate.