



Have you or a family member ever had screening for genes that cause cancer? Circle: YES NO

If yes - Type of Test and Year: _____

Circle the Outcome : Positive Negative

Name: _____ Date of Birth: _____ Today's Date: _____

Important: Please circle YES if any of the below apply to you or your blood relatives. Consider only 1st and 2nd degree relatives (unless otherwise specified).

1st Degree Relatives: Parents, Siblings, Children
 2nd Degree Relatives: Grandparents, Aunts/Uncles, Nieces/Nephews, Half-siblings.

CIRCLE YES OR NO		Specify Relative (s)	Maternal or Paternal	Specify Cancer	Age of Diagnosis
Integrated BRACAnalysis with Myriad myRisk Update Test					
No	Yes	BREAST cancer in myself			
No	Yes	BREAST cancer diagnosed at age 49 or younger			
No	Yes	Two BREAST cancers <i>in the same relative</i>			
No	Yes	BREAST cancer in a male relative			
No	Yes	Three or more relatives with BREAST cancers <i>on the same side of the family</i>	1. 2. 3.	1. 2. 3.	1. 2. 3.
No	Yes	OVARIAN cancer			
No	Yes	PANCREATIC cancer in a 1 st degree relative			
No	Yes	Metastatic PROSTATE cancer in a 1 st degree relative			
Colaris Plus with Myriad myRisk Update Test					
No	Yes	COLON or UTERINE cancer diagnosed at age 49 or younger			
No	Yes	Three or more relatives with COLON or UTERINE cancers <i>on the same side of the family</i>	1. 2. 3.	1. 2. 3.	1. 2. 3.
Multisite 3 BRACAnalysis with Reflex to Integrated and Myriad myRisk Update Test					
No	Yes	Ashkenazi Jewish ancestry with a relative with breast cancer			

OFFICE USE ONLY

Patient meets criteria and offered myRisk Hereditary Cancer Test: Yes / No Accepted / Declined

Provider Signature: _____