



CONSENT TO RELEASE INFORMATION (CANCER)

The intention of this form is to gather accurate information about the cancer in your family. In order to do this, we need to confirm the diagnoses within the family. **Please see overleaf for further information on this.**

This form should be completed by the person who has been affected by cancer, or their next of kin if deceased.

Full Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Date of Birth: _____ Hospital Number: _____

If deceased date of death: _____

Date of Diagnosis	Cancer Diagnosis	Hospital Name / City

I hereby give permission for Genetic Health Service NZ to have access to the medical records above and use them for assessment of familial cancer risk.

NOTE: The information gained from these records may be specified in clinic letters and during clinic consultations. A summary of the final assessment may also be stored in hospital electronic databases.

I give consent for this information to be shared with overseas health professionals should this be requested by another family member. Yes No

Signature: _____ Date: _____

If you are signing this form for a deceased family member please complete below:

Name: _____

Address: _____ Telephone: _____

Your relationship to the deceased family member: _____

Please return this form to:

Genetic Health Service NZ – Northern Hub
Auckland Hospital
Private Bag 92 024
Auckland Mail Centre
Auckland 1142
Tel: (09) 307 4949 Ext. 25870 / Toll Free: 0800 476 123 / Fax: (09) 307 4978

CANCER RISK ASSESSMENT PROCESS

Our service meets with individuals to assess whether their family history puts them at any increased risk for cancer. When assessing a family history of cancer, we consider whether the cancer is more likely to have occurred by chance (because cancer is common in the general population), or whether there could be an inherited susceptibility being passed through the generations.

Only about 5–10% of all cancers are related to an inherited susceptibility. Some of the features that increase the likelihood of an inherited susceptibility to cancer include:

- Several close relatives on the same side of the family with the same type of cancer.
- More than one primary cancer in the same person.
- Young age at cancer diagnosis (e.g. breast cancer under 40 years, colon cancer under 50 years).
- A cluster of cancers that are known to be associated with specific genes (e.g. there is an association between breast and ovarian cancer, there is an association between colorectal and uterine cancer).

If we suspect the presence of an inherited cancer syndrome, we provide families with information about the condition and its inheritance. We may suggest appropriate screening to help manage any increased risk of cancer. Sometimes we offer genetic testing to a family member who has had cancer in an attempt to identify the genetic cause for the cancers that have occurred. If we are able to identify a genetic cause, we are then able to offer testing to other members of the family to clarify their risks of developing cancer.

To assess a family's risk of cancer we ask those affected by cancer, and close relatives of people who have died from cancer, to allow us access to pathology reports. If you are willing to provide access to these records please complete and sign this form. Please be as specific as possible about dates of birth, dates of death, previous names, type of cancer, and place of treatment, as this information makes tracing records easier and our overall assessment more accurate. However, if you do not have all of this information, we may still be able to access records if you are able to provide us with the name and date of birth of your relative.

If you would like to discuss any aspect of this process, please feel free to contact Genetic Health Service NZ.

www.genetichealthservice.org.nz

Genetic Health Service NZ – Northern Hub Auckland Hospital Private Bag 92 024 Auckland Mail Centre Auckland 1142	Tel: (09) 307 4949 Ext. 25870 Toll Free: 0800 476 123 Fax: (09) 307 4978 Email: GenSec@adhb.govt.nz
Genetic Health Service NZ – Central Hub Wellington Hospital Private Bag 7902 Wellington South	Tel: (04) 385 5310 Toll Free: 0508 364 436 Fax: (04) 385 5822 Email: genetic.services@ccdhb.org.nz
Genetic Health Service NZ – South Island Hub Christchurch Hospital Private Bag 4710 Christchurch 8140	Tel: (03) 378 6574 Toll free: 0508 364 436 Fax: (03) 379 1343 Email: genetic.servicenz@cdhb.health.nz