Does cancer run in your family?
Know your risk

Cancer is more common in some families than others. Families who have 1 or more of the risk factors below may be at increased risk for hereditary cancer.

Having an increased risk for hereditary cancer does not mean you have cancer, only that you may be at higher risk for developing it. But if you know that this risk runs in your family, you and your doctor can take proactive steps to help reduce your chances of developing cancer and to detect it at an earlier and more treatable stage.

Please check any of the following risk factors that apply to you.

(Family members to be considered include a parent, sibling, child, grandparent, uncle, aunt, nephew, niece, and first cousin.)

Yes	No	
☐	☐	A personal or family history of cancer under age 50
☐	☐	A personal history of more than one cancer diagnosis
☐	☐	Two or more close relatives (on the same side of the family) with cancer
☐	☐	A personal or family history of a less common cancer *(for example: ovarian cancer, male breast cancer, sarcoma, triple-negative breast cancer, or pancreatic cancer)*
☐	☐	Ashkenazi Jewish ancestry with either a personal or family history of cancer
☐	☐	10 or more colon polyps (in your lifetime)
☐	☐	A family member who tested positive for a gene variant associated with hereditary cancer *(like BRCA1/BRCA2 or Lynch syndrome)*

If you checked any of the "yes" boxes above: please sign below, turn sheet over, and fill out questionnaire.

If you checked all of the "no" boxes above: sign below and you're done.

Talk to your doctor and, for more information, visit QuestHereditaryCancer.com.

You'll find more information on testing options, the testing process, and other resources from Quest Diagnostics that can empower you to improve your health. Should your provider want additional information about genetic testing with Quest Diagnostics, they can call Quest Genomics Client Services at **1.866.GENE.INFO** (1.866.436.3463).

☐ I agree to receive text/SMS messages about precision oncology testing (including hereditary cancer testing) from Quest Diagnostics (Optional)

☐ I agree to allow Quest Diagnostics to access and use my demographic and other information to help determine if I am eligible for reduced financial responsibility for lab testing (Optional)

Patient signature _____ Date _____

Provider signature _____ Date _____

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Patient and family **cancer history questionnaire**

Patient name: _____ DOB: _____ Age: _____ Phone number: _____

Gender (M/F): _____ Today's date (MM/DD/YY): _____ Healthcare provider: _____

Ethnicity (Please select all that apply.)

☐ African American/Black ☐ Native American ☐ Western/Northern European ☐ Middle/Near Eastern ☐ Other, specify:

☐ Hispanic ☐ Asian ☐ Eastern/Central European ☐ Jewish (Ashkenazi) _____

Personal and family history

Knowledge of your personal and family history of cancer will enable your doctor to provide you with the best care possible. Please mark "yes" or "no" below if there is a personal or family history of any of the following cancers. If yes, indicate family relationships and age at diagnosis in the appropriate column. Include both sides of your family and list each family member separately: parents, children, brothers, sisters, half-siblings, grandparents, aunts, uncles, nieces, nephews, and first cousins. (First-degree relatives are parents, siblings, and children. Second-degree relatives are grandparents, uncles, aunts, nieces, and nephews.)

Have you or your family members been diagnosed with the following?		You	Sibling/children Family member and age	Mother's side Family member and age	Father's side Family member and age
Breast cancer at or before age 50	☐ Yes ☐ No				
Triple-negative breast cancer at any age (ER-, PR-, HER2- pathology)	☐ Yes ☐ No				
Male breast cancer at any age	☐ Yes ☐ No				
Ashkenazi Jewish ancestry with breast cancer or prostate cancer at any age	☐ Yes ☐ No				
Breast cancer with one of the following: - another primary breast cancer in the same or the other breast - prostate cancer - unknown or limited family history (these cancers can be in 1 person or in multiple people on the same side of the family)	☐ Yes ☐ No				
Pancreatic cancer at any age	☐ Yes ☐ No				
Ovarian (peritoneal/fallopian tube) cancer at any age	☐ Yes ☐ No				
Prostate cancer (metastatic, intraductal/cribriform, or high-grade) at any age	☐ Yes ☐ No				
3 or more of the following cancers on same side of the family at any age: pancreatic, breast, or high-grade prostate[a]	☐ Yes ☐ No				
10 or more colon/rectal polyps found throughout your lifetime (specify number: _____)	☐ Yes ☐ No				
Colon/rectal or endometrial (uterine) cancer before age 50 OR at any age with a second Lynch-associated[b] cancer in the same individual (only include yourself and first-degree relatives)	☐ Yes ☐ No				
2 individuals on the same side of the family (including yourself and at least 1 first- or second-degree family member) with colon/rectal or endometrial (uterine) cancer at any age AND ALSO 1 diagnosed before age 50 with a Lynch-associated[b] cancer	☐ Yes ☐ No				
3 or more individuals on the same side of the family (yourself and first- or second-degree family member[s]) with a Lynch-associated[b] cancer at any age, with at least 1 being a colon/rectal or endometrial (uterine) cancer	☐ Yes ☐ No				
Tumor testing (eg, immunohistochemistry [IHC], microsatellite instability [MSI], or tumor profile testing) indicated follow-up hereditary testing	☐ Yes ☐ No				

[a]High-grade prostate cancer, Gleason Score ≥7, or metastatic.
[b]Risk score >2.5% (ie PREMM5); Lynch-associated cancers include colon, endometrial (uterine), stomach, ovarian, pancreatic, brain, small bowel, kidney, urinary tract, biliary tract, and sebaceous (skin gland).

Have you or a family member had genetic testing for a hereditary cancer syndrome?

If yes, who? _____ Which gene(s)? _____
What was the result? _____

Office use only

Patient offered hereditary genetic testing? ☐Yes ☐No > Accepted Declined
Follow-up appointment scheduled? ☐Yes ☐No > Date of next appointment _____

Please fax or email the completed form to 1.855.422.5181 or **Preauthorization@QuestDiagnostics.com**.
For questions, please contact 1.855.509.4909 or email us at **Preauthorization@QuestDiagnostics.com**.

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