

# BRCAvantage<sup>®</sup> Patient and Family Clinical History Form



To avoid testing delays, **this form must be completed in its entirety** for all orders.

For questions, please contact 1.855.509.4909 or email us at [Preauthorization@QuestDiagnostics.com](mailto:Preauthorization@QuestDiagnostics.com)

**Please fax or email the completed form to 855.422.5181 or [Preauthorization@QuestDiagnostics.com](mailto:Preauthorization@QuestDiagnostics.com)**

Client Account Number: \_\_\_\_\_ Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

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## 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)

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## Patient History (If the patient has no history of cancer, please skip to the next section)

Previous genetic testing     Yes     No

**If yes, a copy of the patient's previous genetic test report must be faxed (1.630.303.9692) or emailed ([Clinicalinfo@QuestDiagnostics.com](mailto:Clinicalinfo@QuestDiagnostics.com))**

| Cancer Type/Location   | Age of Diagnosis |   |
|--|------------------|---|
| <input type="checkbox"/> Breast, Invasive  |                  | <input type="checkbox"/> Bilateral <input type="checkbox"/> Premenopausal <input type="checkbox"/> Triple Negative (ER-,PR-,HER2-pathology) |
| <input type="checkbox"/> Breast, DCIS  |                  | <input type="checkbox"/> Bilateral <input type="checkbox"/> Premenopausal <input type="checkbox"/> Triple Negative (ER-,PR-,HER2-pathology) |
| <input type="checkbox"/> Ovary   |                  |   |
| <input type="checkbox"/> Colon   |                  |   |
| <input type="checkbox"/> Pancreatic  |                  |   |
| <input type="checkbox"/> Other   |                  |   |
| Bone marrow transplant recipient <input type="checkbox"/> Yes* <input type="checkbox"/> No |                  | Current diagnosis of hematological malignancy <input type="checkbox"/> Yes* <input type="checkbox"/> No                                     |

\*If yes, please call 1.866.GENE.INFO BEFORE sending a specimen to discuss this order

Has anyone in the family tested positive for a BRCA or other gene mutation?     Yes     No

**If yes**, a copy of the family member's genetic test report must be faxed (1.630.303.9692) or emailed ([Clinicalinfo@QuestDiagnostics.com](mailto:Clinicalinfo@QuestDiagnostics.com)).

Please label the family member's test result with the patient's name and how the family member is related (example, maternal aunt of Jane Smith).

**If yes**, will a positive control be provided?     Yes\*†     No    \*† ACMG guidelines, CAP and CLIA regulatory provisions recommend use of a positive control

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## Patient Family History (Please check here if no known family history of cancer )

| Relationship to Patient | Maternal /Paternal | Cancer Location (If more than one diagnosis, please indicate) | Age of Diagnosis | Living or Deceased? |
|-------------------------|--------------------|---|------------------|---------------------|
|                         |                    |   |                  |                     |
|                         |                    |   |                  |                     |
|                         |                    |   |                  |                     |
|                         |                    |   |                  |                     |
|                         |                    |   |                  |                     |

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## Patient Acknowledgement

I authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessary for reimbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. I understand that I may be financially responsible for portions of this test not covered by my insurance, and that Quest will contact me prior to test start ONLY if my responsibility for coinsurance, deductible, and/or non-covered service is estimated to be greater than \$350. **Tests without a signature will NOT be processed.**

Date: \_\_\_\_\_ Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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## Frequently Asked Questions



### Why am I completing the BRCAvantage<sup>®</sup> Patient and Family Clinical History Form?

BRCA testing may require special authorization from your insurance company. To help with this, please fill out the whole form. We understand that this form asks for very personal information. This information is needed for Quest Diagnostics to **both** work with your insurance **and** interpret your results.

### How do I know which box(es) to check in the ethnicity section?

Below is a chart that will help you know which box(es) to check based on which countries your family members were from originally.

| Ethnicity                 | Description   |
|---------------------------|---|
| African American/Black    | African, African American   |
| Native American           | Native American, American Indian  |
| Western/Northern European | Austrian, British/English, Canadian, Danish, Dutch, Finnish, French, French-Canadian, Italian, Irish, Norwegian, Portuguese, Scandinavian, Scottish, German, Sephardic, Spanish, Swedish, Welsh |
| Middle/Near Eastern       | Arabic, Armenian, Egyptian, Iranian, Iraqi, Pakistani, Persian, Saudi Arabian, Syrian   |
| Hispanic                  | Bahamian, Brazilian, Caribbean, Colombian, Cuban, Dominican, Mexican, Puerto Rican, Haitian, Hispanic, Latin American   |
| Asian                     | Chinese, Indian, Indonesian, Malaysian, Filipino, Samoan, Hawaiian, Vietnamese  |
| Eastern/Central European  | Czech, Polish, Romanian, Russian, Greek, Hungarian  |
| Jewish (Ashkenazi)        | A person of Jewish heritage who is (or whose family is) ethnically German, French or Eastern European   |

### What do I do with the form when I am done filling it out?

When you have finished filling out the whole form, please give it to the person drawing your blood at the time of your blood draw. This will ensure that your form goes with your blood to the lab.

### What happens next?

Your testing results will be sent to your doctor when they are ready.