

Consent form: M218.2/R444.2 *BRCA* gene testing - hormone-relapsed metastatic prostate cancer

Patient details (affix patient's addressograph label or print)	
Patient name:	
Date of birth:	
NHS No:	
Section 1: To be completed by the health professional	Initials
The patient meets the eligibility criteria for <i>BRCA</i> gene testing as outlined in the BRCA testing mCRPC Clinical Guidance Document	
Clinical Guidance Document	
	Initials
I have obtained consent from the above-named patient for BRCA genetic testing	minuo
I have given the patient a copy of the "Prostate Cancer Genomic testing" information sheet	
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confirm I have discussed the following points:	Initials
The purpose of the test and the possible implications.	IIIIIIais
What the following outcomes of testing may mean for the patient and their relatives:	
a. A pathogenic/likely pathogenic variant identified.	
b. No variants identified.	
Depending on the result, a referral to Clinical Genetics may be appropriate.	
Results may be delayed if there is a problem with the sample or the test	
Signature Print name Date (dd/mm/yyy	/V)
	<i>,</i>
Section 2: To be completed by the patient	
	Initials
I consent for my sample to be tested for BRCA gene changes and understand that the result will form	
part of my NHS medical record.	
I have received a copy of the "Prostate Cancer Genomic Testing" information sheet and have had the	
opportunity to ask questions. I understand the implications of the test for me and the rest of my family.	
I understand:	
a. I can change my mind at any stage and choose not to receive the results.	
b. The possible outcomes of this testing.	
c. Depending on the results I may be referred to my local genetics service.	
d. My result may be used for the benefit of my family members.	
e. My result may be used to provide advice and / or testing for my relatives.	
f. My sample will be stored in a DNA bank but no guarantee can be given that it will be available	
indefinitely or that it will be of sufficient quality for future testing. g. My results may be delayed if there is a problem with my sample or the test.	
g. My results may be delayed if there is a problem with my sample or the test.h. My sample may be used anonymously for the development of new tests	
ii. Wy campie may be adea anonymeasiy for the development of new tests	
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Signature Print name Date (dd/mm/yyyy	v)
Signature Date (dd/fillif/yyy)	y <i>)</i>
Further information about NHS Wales data use can be accessed at: https://dhcw.nhs.wales/ig/inform	nation-
governance/vour-privacy-vour-rights/	

Cardiff and Vale University Health Board

Institute of Medical Genetics

Clinical Medical Genetics

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