High Risk Ontario Breast Screening Program (OBSP)
Breast Cancer Genetic Assessment Results Form

The original High Risk OBSP Requisition Form **must be attached** to this form.

1. PATIENT INFORMATION (or affix label)

First Name		Last Name
Date of Birth (YYYY/MM/DD)		OHIP Number
Telephone Number	Secondary Telephone Number	Address *(including postal code)*

2. INFORMATION ABOUT GENETIC ASSESSMENT (i.e., genetic counselling and/or testing)

☐ Genetic assessment declined by patient

☐ Genetic assessment not performed (patient does not meet High Risk OBSP referral criteria)

2.a) Genetic Counselling

Name of genetics clinic referred to	Date referral received (YYYY/MM/DD)
Source of referral ☐ OBSP ☐ Directly from clinician	Date of initial genetic counselling (YYYY/MM/DD)

2.b) Genetic Testing (i.e., lab test, if applicable)

Name of lab performing genetic testing	Date genetic testing requested (YYYY/MM/DD)
Date genetic test report issued (YYYY/MM/DD)	Date patient informed of genetic test results (YYYY/MM/DD)

2.c) Results (check **at least one** box)

☐ First degree relative of a carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*) and has declined genetic testing

☐ Assessed as having a ≥25% lifetime risk of breast cancer on basis of personal and family history (only one of these tools needs to be used)

IBIS 10 Year Risk: IBIS Lifetime Risk:

CanRisk 10 Year Risk: CanRisk Lifetime Risk:

☐ Newly identified carrier of a pathogenic or likely pathogenic gene variant (e.g., *BRCA1, BRCA2, TP53, PALB2*)

☐ BRCA1 ☐ BRCA2 ☐ Result (HGVS nomenclature)

☐ Other ☐ ACMG category

☐ Through genetic assessment (i.e., counselling and/or testing), patient was found to be not eligible for the High Risk OBSP

☐ Genetic testing declined by patient

After genetic assessment, patient declined to participate in the High Risk OBSP due to:

☐ Personal choice ☐ Prophylactic bilateral mastectomy ☐ Other

3. FORM COMPLETED BY

First and Last Name		Date (YYYY/MM/DD)
Address *(including postal code)*	Signature	Telephone Number
Approving Physician *(for genetic testing)*	Signature	CPSO Number

4. SEND HIGH RISK OBSP RESULTS TO

Provider First and Last Name	CPSO/CNO Number

Fax completed form to a High Risk OBSP site in your area. Please visit cancercareontario.ca/highriskobsp for a list of High Risk OBSP sites.
Please send results to referring primary care provider.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca

Ontario Health