

Does cancer run in your family?

Know your risk

Cancer is more common in some families than others. Families who have one (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 runs in your family, you and your doctor can take proactive steps to 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	
<input type="checkbox"/>	<input type="checkbox"/>	A personal or family history of cancer under age 50
<input type="checkbox"/>	<input type="checkbox"/>	A personal history of more than one cancer diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Two or more close relatives (<i>on the same side of the family</i>) with cancer
<input type="checkbox"/>	<input type="checkbox"/>	A personal or family history of a less common cancer (<i>for example: ovarian cancer, male breast cancer, sarcoma, triple-negative breast cancer, or pancreatic cancer</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Ashkenazi Jewish ancestry with either a personal or family history of cancer
<input type="checkbox"/>	<input type="checkbox"/>	10 or more colon polyps (<i>in your lifetime</i>)
<input type="checkbox"/>	<input type="checkbox"/>	A family member who tested positive for a gene mutation associated with hereditary cancer (<i>like BRCA1/BRCA2 or Lynch syndrome</i>)

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, he or she can call Quest Genomics Client Services at **1.866.GENE.INFO** (1.866.436.3463).

Patient signature _____

Date _____

Provider signature _____

Date _____

QuestDiagnostics.com

Quest Diagnostics Incorporated and its subsidiaries (Quest) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak **English**, language assistance services, free of charge, are available to you. Call 1.844.698.1022. ATENCIÓN: Si habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.698.1022. 注意：如果您使用繁體中文 (Chinese), 您可以免費獲得語言援助服務。請致電 1.844.698.1022.

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2021 Quest Diagnostics Incorporated. All rights reserved. PP7482 5/2021

Patient and family cancer history questionnaire

Patient name: _____ DOB: _____ Age: _____

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

Your personal and family history of cancer is important in order 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:	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 45	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Triple-negative breast cancer at age 60 or younger (ER-, PR-, HER2-Pathology)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Male breast cancer at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ashkenazi Jewish ancestry with breast cancer or prostate cancer at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Breast cancer under 50 with one of the following: - another breast cancer at any age - 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pancreatic cancer at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ovarian (peritoneal/fallopian tube) cancer at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prostate cancer (metastatic, intraductal/criform, or high-grade) at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3 or more of the following cancers on same side of my family at any age: pancreatic, breast, or high-grade prostate*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10 or more colon/rectal polyps found throughout your lifetime (specify number: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Colon/rectal or endometrial (uterine) cancer before age 50 OR at any age with a second Lynch-associated** cancer in the same individual (only include yourself and first-degree relatives)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2 individuals on the same side of my family (including yourself and first- or second-degree family at least 1 with colon/rectal or endometrial (uterine) cancer at any age AND ALSO 1 diagnosed before age 50 with a Lynch-associated** cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3 or more individuals on the same side of my family (yourself and first- or second-degree family with a Lynch-associated** cancer at any age, with at least 1 being a colon/rectal or endometrial (uterine) cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tumor testing indicated follow-up hereditary testing (for example: IHC, MSI, or tumor profiling test)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*High-grade prostate cancer, Gleason Score ≥ 7 , or metastatic.

**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? Yes No

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.

