**BRCA Genetic Screening Criteria**

[Practice Name]

Date\_\_\_/\_\_/\_\_\_\_

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Patient Name (please print) Patient DOB

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Physician MR #

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| --- | --- | --- |
| **Screening Criteria** | **Yes** | **No** |
| Several relatives with either breast or ovarian cancer – generally, 2 or more with ovarian cancer and 3 or more with breast cancers on the same side of the family |  |  |
| Breast cancer at a young age (under 50 years) |  |  |
| A combination of breast and ovarian cancer among relatives |  |  |
| A relative with primary cancers of both breasts |  |  |
| A relative who had both breast and ovarian cancer |  |  |
| A male relative with breast cancer |  |  |
| Ashkenazi Jewish ancestry and any 1 first-degree or 2 second-degree relatives with breast or ovarian cancer on the same side of the family |  |  |
| A relative with a known *BRCA* mutation |  |  |
| [Insert other information/risk factors] |  |  |
| [Insert other information/risk factor] |  |  |

Indication for BRCA genetic testing? □ \*Yes □ No

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Signature of person completing screen (Completion date)

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Reviewed by: Physician (Date)

\*See BRCA Genetic Testing Checklist

**Resources**

* American College of Preventive Medicine: <http://www.acpm.org/?GeneticTestgClinRef#Types>
* ACMG: https://www.acmg.net/
* The American College of Obstetricians and Gynecologists: <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Genetics/co693.pdf?dmc=1&ts=20170705T1215098549>
* National Comprehensive Cancer Network:www.nccn.org