**BRCA Genetic Testing Checklist**

[Practice Name]

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_   
Patient Name (please print) Patient DOB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician MR #

|  |  |  |
| --- | --- | --- |
| **PRE-BRCA TESTING Checklist** | **Yes** | **No** |
| The patient has been screened using current BRCA genetic screening criteria and has been determined to have an increased chance of having a BRCA genetic mutation. |  |  |
| List risk factors| | |
| Discussed with the patient information which may include but is not limited to the following: | **Yes** | **No** |
| Purpose of the test |  |  |
| Benefits of the test |  |  |
| Risks of the test |  |  |
| Limitations of the test |  |  |
| The meaning of a positive test result |  |  |
| The meaning of a negative test result |  |  |
| The meaning of an unclear/inconclusive test result |  |  |
| The potential emotional, financial and social implications of test result |  |  |
| Privacy protections and access to results |  |  |
| Cost of genetic testing and insurance preauthorization |  |  |
| Anticipated test turn-around-time \_\_\_\_\_\_\_\_\_\_\_\_\_ days |  |  |
| Referral to geneticist  Geneticist name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| BRCA genetic testing patient education information provided |  |  |
| Informed consent process is documented in the medical record and consent form is signed |  |  |
| Informed refusal process is documented in the medical record if patient declines testing |  |  |
| [Insert other information] |  |  |
| [Insert other information] |  |  |

Patient would like test results disclosed to them via: Phone \_\_\_\_ In-person \_\_\_

Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Specialist/Geneticist Name) (Date)

Test results sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab Date sent \_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Signature of person completing this portion pre-testing checklist (Completion date)

|  |  |  |  |
| --- | --- | --- | --- |
| **Post-BRCA Test Checklist** | **Yes** | **No** | **NA** |
| BRCA test results are present in the medical record |  |  |  |
| BRCA 1/BRCA 2 positive patient referral(s) made and documented in the medical record |  |  |  |
| Patient counseled regarding test results documented |  |  |  |
| Patient educations documented |  |  |  |

Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral follow-up: \_\_\_\_/ \_\_\_\_/\_\_\_\_\_

(Specialist/Geneticist Name) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Signature of person completing this portion post-testing checklist (Completion date)