

# Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please mark below if there is a **personal or family history** of any of the following cancers. If yes, then indicate family relationship and **age at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
For example: Colorectal cancer	none	—	Brother	36 yrs	Aunt Cousin	44 yrs 58 yrs	Grandfather	65 yrs

## BREAST AND OVARIAN CANCER

Breast cancer

Ovarian cancer

Breast cancer in both breasts OR multiple primary breast cancers

Male breast cancer


Are you of Ashkenazi Jewish descent?  Yes  No

## COLON AND UTERINE CANCER

Uterine (endometrial) cancer

Colorectal cancer

Ovarian, stomach, kidney/urinary tract, brain, OR small bowel cancer

10 or more cumulative colon polyps


## MELANOMA

Melanoma

Pancreatic cancer


## OTHER CANCER

\_\_\_\_\_

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## HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN TESTED FOR HEREDITARY RISK OF CANCER?

Yes  No If yes, please explain: \_\_\_\_\_

### FOR OFFICE USE ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> Patient appropriate for further risk assessment and/or genetic testing <ul style="list-style-type: none"> <li><input type="checkbox"/> BRACAnalysis® – A test for Hereditary Breast and Ovarian Cancer Syndrome</li> <li><input type="checkbox"/> COLARIS® – A test for Lynch Syndrome (Hereditary Nonpolyposis Colorectal Cancer)</li> <li><input type="checkbox"/> COLARIS AP® – A test for Adenomatous Polyposis Syndromes</li> <li><input type="checkbox"/> MELARIS® – A test for Hereditary Melanoma</li> </ul> | <input type="checkbox"/> Discussed hereditary cancer risk with patient<br><input type="checkbox"/> Patient offered genetic testing<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED<br><input type="checkbox"/> Follow up appointment scheduled<br>Date: _____ |
|---|--|



# Myriad Insurance Reimbursement Process Exception Form

## PATIENT

I understand that it is the standard policy of Myriad Genetic Laboratories, Inc. (Myriad) to contact me if my coinsurance (not including deductibles, if any) responsibility for genetic testing exceeds \$375.

However, I choose to forego Myriad's standard process and, instead, would like Myriad to specifically investigate my insurance benefits to pre-determine if my insurance plan covers genetic testing and to contact me if I am expected to have any out-of-pocket expenses (coinsurance and/or deductible) in excess of the amount indicated by me below. I understand that I will have the option to pay in equal monthly installments over a period of up to 25 months; and that if and when I receive my first Myriad invoice, I must contact Myriad to set up a monthly payment plan.

Please contact me if my total out-of-pocket expense (coinsurance and/or deductible) will be more than (select one):

\$100 (\$10/month)  \$375 (\$15/month)  \$625 (\$25/month)  Other: \_\_\_\_\_

I understand that I will not be contacted and my test will be started if my total out-of-pocket expense will be less than the amount indicated by me above.

I understand that the normal turnaround time for testing is approximately two weeks; however, I am willing to waive this advantage to understand my insurance coverage before the start of the test. I am aware that this insurance benefit determination request will delay the start of my test, possibly for several weeks, after which the standard two weeks of test processing time will occur.

Patient Name: \_\_\_\_\_

Patient Signature and Date: \_\_\_\_\_

Preferred Method of Contact (telephone number or email address): \_\_\_\_\_

## HEALTHCARE PROVIDER

This form must be included in the test kit with the patient's sample, a completed Test Request Form, and copies of the front and back of insurance cards.

Patients whose out-of-pocket expense is less than the amount they indicated above will not be contacted. If the test cannot be released within three business days of sample receipt, Myriad will notify the provider that the test is delayed. If test release has been delayed, we will also notify the provider when the test has been released so that you know to expect results within 14 days of release.



# HEREDITARY CANCER GENETIC TESTING: Should You Be Concerned About Discrimination?

## *What is genetic discrimination?*

Genetic discrimination occurs if people are treated unfairly because of differences in their DNA that increase their chances of getting a certain disease. Generally people may worry about their genetic information affecting their health insurance and employment.

## *Genetic health information has strong legal protections.*

Federal and state governments recognize the value of genetic information to patients and doctors and have put specific legal protections in place.

### Effective Now:

- Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA). HIPAA protects genetic information, prohibits excluding an individual from group coverage due to genetic information, prohibits charging higher premiums to different members of a group plan and states that predictive genetic information is not a preexisting condition.
- Additional laws in most every state protect people from various forms of health insurance and employment discrimination based on genetic information.

For more information about how these laws apply to you, go to the National Human Genome Research Institute at: <http://www.genome.gov/PolicyEthics/LegDatabase/pubMapSearch.cfm>

In May of 2008, the Genetic Information Nondiscrimination Act or GINA, was signed into law and will add to the already strong legal protections that are in place on both the federal and state levels. GINA is a new federal law that protects Americans from being treated unfairly because of differences in their DNA. This new law prevents discrimination from health insurers and employers.

### Effective May 2009, GINA prohibits:

- The use of an individual's genetic information in setting eligibility, premium or contribution amounts by group and individual health insurers.
- Health insurers from requesting or requiring an individual or family member to undergo a genetic test or requesting, requiring or purchasing genetic information.

### Effective November 2009, GINA prohibits:

- The use of an individual's genetic information by employers in employment decisions such as hiring, firing, job assignments and promotions.
- Employers from requesting, requiring or purchasing genetic information about an individual employee or family member.

## *Protecting your genetic information is a priority.*

Myriad Genetic Laboratories will not release test results to anyone other than the ordering or designated healthcare provider without YOUR written consent. Insurance plans representing about 200 million lives comply with this policy. They understand that genetic test results may help you and your doctor determine the best medical management treatment options available to reduce your risk or detect cancer at an early, treatable stage.