

PATIENT INFORMATION

Note: Patient sticker can be used to avoid duplicate entry

FULL NAME

DATE OF BIRTH PATIENT ID / NRIC / FIN

GENDER PHONE NO.

Male Female

ADDRESS

ETHNICITY

LANGUAGE(S) SPOKEN

PATIENT CLINICAL INFORMATION

DID PATIENT HAVE CANCER?

YES (No. years in remission: _____)

NO

PURPOSE OF REFERRAL

SCREENING FOLLOW-UP POSITIVE RESULT

PATIENT'S MEDICAL HISTORY (please describe below, if any)

PATIENT'S OTHER CONCERNS

PRE-TEST GENETIC COUNSELLING CHECKLIST

The following information was obtained and discussed with this patient as part of the genetic counselling session:	Remarks
<input type="checkbox"/> Assessment of the subject's understanding of genetics was performed.	
<input type="checkbox"/> Nature of the condition or genetic variant/change abnormality to be tested was discussed, including its symptoms, natural history and inheritance pattern.	
<input type="checkbox"/> Condition or genetic variant's effect on the patient; and the risk of the patient transmitting this condition or genetic variant/change to the next generation.	
<input type="checkbox"/> General description of the genetic test and the purpose and procedure of the test - including the type of sample required, its cost and other reasonably foreseeable risks, discomforts or inconveniences to the patient arising out of the genetic test.	
<input type="checkbox"/> Effectiveness and limitations of the genetic test (e.g. analytical sensitivity and specificity). <ul style="list-style-type: none"> • This test screens for risk of cancer. The test does not diagnose cancer. If a positive result is found, further confirmatory diagnostic testing is recommended. • This test does not predict genetic (inherited) risk of cancer. • This test does not replace standard of care screening. It should be used in addition to routine screening tests recommended by a doctor. • This test only predicts for the list of cancers indicated and not more. It does not rule out the possibility of other cancers. • Not recommended for individuals with a personal history of cancer. Only patients 3 years in remission to be recommended. • This test is recommended for healthy individuals above the age of 40. 	
<input type="checkbox"/> Turnaround time of the genetic test and how the results will be disclosed to the patient and/or person giving consent.	

PRE-TEST GENETIC COUNSELLING CHECKLIST

Foreseeable outcomes of the genetic test were discussed including the following:	Remarks
<input type="checkbox"/> Implication of test results to the patient arising out of the genetic test, including psychological stress, impact on insurability and employment, and implications on family members.	
<input type="checkbox"/> Management options of the condition or genetic variant/change, and their potential outcomes; and the potential benefits, risks and limitations of such options, were discussed.	
<input type="checkbox"/> Option to withdraw from genetic testing before the completion of the test, or to postpone the receipt of the test results.	
<input type="checkbox"/> Option of not being tested and its potential benefits and limitations.	
<input type="checkbox"/> Option for alternatives to genetic testing and the benefits and limitations of such alternatives.	
<input type="checkbox"/> Privacy/confidentiality of test results were discussed, including person or categories of persons or organisations to whom the test results may be disclosed and the extent to which the information and records identifying the patient will be kept confidential.	
<input type="checkbox"/> Any future use and management of the patient’s genetic information (including the use and management of the genetic information after death, where possible).	
<input type="checkbox"/> Any future use, management, and disposal of the patient’s samples (including the use, management, and disposal of the samples after death, where possible).	
Where appropriate, the following information shall also be included:	
<input type="checkbox"/> Any foreseeable third parties’ interests in the patient’s genetic information, and the likely consequences of disclosure of the patient’s genetic information to those third parties.	

PRE-TEST COUNSELLING PERFORMED BY

DATE/TIME:

REVIEWED BY

DATE/TIME:

POST-TEST GENETIC COUNSELLING CHECKLIST

The following information was obtained and discussed with this patient as part of the genetic counselling session:	Remarks
<input type="checkbox"/> The results of the genetic test and the interpretation of these results.	
<input type="checkbox"/> The implications of test results to the patient.	
<input type="checkbox"/> Management options of the condition or genetic variant/change, and their potential outcomes; and the potential benefits, risks and limitations of such options, were discussed.	
<input type="checkbox"/> Any psychological, social and ethical issues or concerns.	
<input type="checkbox"/> Requirement or obligation to disclose the test results to a third party (if any).	
<input type="checkbox"/> The protection of the patient’s privacy and confidentiality in relation to his/her genetic test results.	

PRE-TEST COUNSELLING PERFORMED BY

DATE/TIME:

REVIEWED BY

DATE/TIME:

This Genetic Counselling checklist is adapted from the Code of Practice on the Standards for the Provision of Clinical Genetic/Genomic Testing Services and Clinical Laboratory Genetic/Genomic Testing Services issued by the Ministry of Health, Singapore. Licensee and the ordering doctor shall still remain responsible for the safety and welfare of the patient and the quality of the counselling.