



HOSPITAL UNIVERSITARIO JOSÉ ELEUTERIO GONZALEZ
CENTRO UNIVERSITARIO CONTRA EL CÁNCER
SERVICIO DE ONCOLOGÍA
GENETIC REFERENCE SURVEY



Date: _____ Register #: _____

Name: _____

Cancer type and clinical staging: _____

- | | yes/no |
|--|--------|
| • Two or more cancer cases in one family side | [] |
| • More than one relative with cancer in two generations (on one family side) | [] |
| • Early onset (cancer under 40 years) | [] |
| • Multiple primary tumors (≥ 2) in the patient | [] |
| • Bilateral cancer (Ex: Breast, ovarian) or Multifocal (Ex: ≥ 2 tumors in the same organ) | [] |
| • Rare tumors | [] |
| • Cancer patient with a birth defect (Short or tall stature, segmental overgrowth, macro or microcephaly, cleft lip-palate etc.) | [] |
| • Ovarian cancer | [] |
| • Triple negative breast cancer | [] |
| • Familial Adenomatous Polyposis | [] |
| • Multiglandular disease (Ex. Thyroid, Parathyroid, adrenal gland) | [] |
| • Primary Hyperthyroidism | [] |
| • Medullary Thyroid cancer | [] |
| • Hemangioblastoma (Benign vascular lesion) | [] |
| • Clear cell renal cancer | [] |
| • Diagnosed with hereditary cancer | [] |

IN CASE OF ONE OR MORE "YES", PLEASE SEND THE PATIENT TO GENETIC COUNSELING