

Requesting genetic testing on encompass

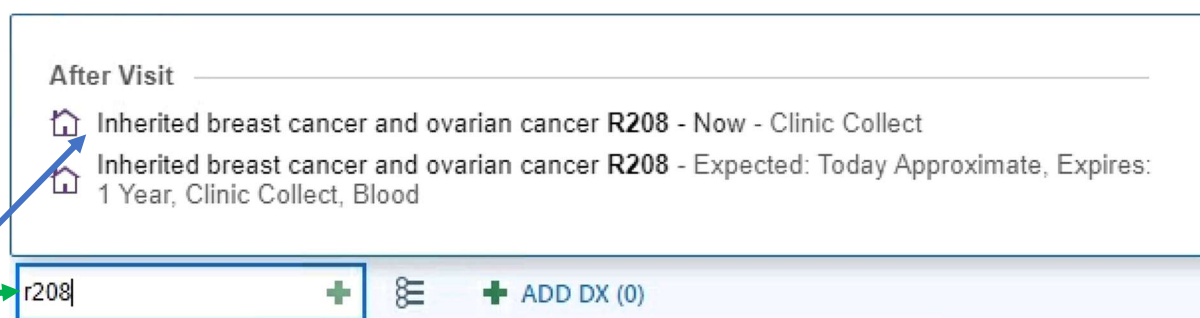
Must be in an **open encounter** with the patient (e.g. during a scheduled appt/opening an 'orders only' encounter outside of a scheduled appt)

- 1) **Type panel code** (in case of 'Inherited Breast and Ovarian Cancer Panel type 'R208')

Full list of panel codes can be found in the National Genomic Test Directory:

[National genomic test directory testing criteria for rare and inherited disease \(england.nhs.uk\)](https://www.genomics.gov.uk/national-genomic-test-directory/testing-criteria-for-rare-and-inherited-disease)

Contents are on pages 5-13



After Visit

- Inherited breast cancer and ovarian cancer R208 - Now - Clinic Collect
- Inherited breast cancer and ovarian cancer R208 - Expected: Today Approximate, Expires: 1 Year, Clinic Collect, Blood

r208 + ADD DX (0)

- 2) **Select the panel** from the list

3) Completing the pop up box

The box pictured overleaf will pop up on screen

- ① **Normal** (immediate sample collection)
- ② **Clinic Collect** (unless sample will be obtained at another appointment)
- ③ **Sample type** (e.g. 'EDTA Blood' in the case of R208 testing)
- ④ **Diagnostic Test** (**if there is a known familial variant of relevance, please contact the genetics service before requesting testing**)
New Diagnosis (does not necessarily need to be a 'new' diagnosis provided the patient meets current testing criteria)

- ⑤ **Criteria number** (drop down menu) per the panel criteria listed in the **National Genomic Test Directory**

Example: patient diagnosed with breast cancer at 35:

- ⑤ **What criteria does patient meet?** : Criteria 1
- ⑥ **Explain how patient meets criteria** : 1a. Breast cancer <40

R208 Inherited breast cancer and ovarian cancer

Testing Criteria

1. **Living affected individual (proband)** with breast* or high grade ovarian cancer where the individual +/- family history meets one of the criteria. The proband has:
 - a. **Breast cancer (age <40 years)**, OR
 - b. **Bilateral breast cancer (age < 60 years)**, OR
 - c. **Triple negative breast cancer (age < 60 years)**, OR

- ⑦ 'Family history details available?' should only be selected yes if the patient **has a known genetics reference number** e.g. G000____ or PED0____
- ⑧ Record **CONSENT** (as per below)
Partial consent should only be selected if the patient does not wish to consent to all aspects, ***must specify which***

Record of Discussion regarding testing and/or storage of genetic material (for more details P.T.O)

I have discussed genomic/genetic testing with my health professional and I understand that:

1) Testing is for diagnostic purposes. 2) My sample will be stored and used for future testing/quality assurance. 3) My sample/data may be shared with other health professionals for the benefit of relatives/diagnostic purposes. 4) Clinically actionable incidental findings detected by testing procedures may be reported. 5) My data is stored to enable future interpretations. 6) Results from my test will be stored electronically and form part of my health record.

- ⑨ **Relevant clinical info e.g.** diagnosis/age at, hormone receptor status
Only if this info has not been provided in ⑥- if it has, can write 'N/A' (not possible to leave blank)
- ⑩ **Comments:** Family history information, **any** other relevant info e.g. if results were going to influence treatment options/surgical management

**** can be left blank ****

Inherited breast cancer and ovarian cancer R208 - Now		Accept	Cancel
① Status:	Normal Standing Future		
② Class:	Clinic Collect Phlebotomy Collect Clinic Collect District Nursing/Home Collect		
③ Specimen Type:	EDTA Blood		
Specimen Source:	**		
④ Is this a diagnostic test for a new diagnosis of breast cancer or a test for a known family variant?	Known Variant New Diagnosis		
⑤ What criteria does this patient meet?	Criteria 1 Criteria 2 Criteria 3		
⑥ Explain how this patient meets this criteria:	EXAMPLES: a) Breast cancer (age <40 years) OR c) Triple negative breast cancer (age < 60 years).		
Delay release to MyChart?	Yes No **		
③ Specimen Type	EDTA Blood EDTA Blood Lymph Nodes Tissue Muscle Biopsy		
④ Please Select Request type:	Diagnostic test Family variant known		
⑦ Family history details available?	Yes No		
⑧ Patient has provided informed consent for this analysis and consent has been documented in the medical record.	Yes Partial Consent		
⑨ Clinical Information	Dx with ____ at ____		
Comments:	<div> abc ↶ ↷ ? + Insert SmartText 100% </div>		
⑩	<div> FAMILY HISTORY DETAILS IF AVAILABLE ANY OTHER RELEVANT INFO (e.g results will influence clinical management) </div>		
Last Resulted:	Order #104210619 Ordered: 31/5/24 16:38 Resulted: 5/6/24 11:49		
Next Required		Accept	Cancel

4) Click 'Accept'

5) Order box will now close, and appear on right hand side of screen

Orders | This Visit | Notes

Dx Association | Edit Multiple | Options

Select order mode

After Visit

Inherited breast cancer and ovarian cancer R208 - Now

Clinic Collect, Blood

BT BCH Central Pharmacy

PEND | SIGN ORDERS (1)

6) Click 'Sign Orders'

7) Complete 'as per professional scope' with your name under 'ordering clinician' and 'authorising clinicians' as you would do with other orders on encompass

Providers

Ordering Information

Order mode

Per Professional Scope

Per Professional Scope | Verbal with readback | Telephone with readback

Ordering clinician

Authorising Clinicians

For procedures

Entry Comments

Accept | Cancel