Consent Form

The Cancer Risk Assessment and Genetics Program provides consultations to individuals at increased cancer risk due to their family or personal history. Approximately 10% of cancer cases are caused by hereditary factors passed from one generation of a family to the next. A family history of cancer, particularly if the cancers are diagnosed at young ages or in several relatives, can be an indicator of an inherited risk.

By signing this form, you acknowledge that you will be provided with an educational cancer risk assessment. This assessment will be based on the information you provide regarding your medical and family cancer histories. Should this information suggest a potential hereditary risk for cancer, genetic counseling will be provided and, if appropriate and available, genetic testing (via a clinical or research laboratory) will be offered. Individuals proceeding with genetic testing will sign an additional consent form supplied by the laboratory performing the test.

Some individuals may benefit from learning their cancer risk(s), which may lead to altering risk management practices. This information could promote increased surveillance (which could aid in an earlier detection of cancer) in higher risk individuals, lead to discussions of risk reduction options, or the cessation of unnecessary risk management practices in lower risk individuals. Some individuals may experience anxiety or depression in reaction to learning their cancer risk(s) or that there could be a hereditary component related to the cancer in their family.

The information you provide for this assessment will be kept within the Cancer Risk Assessment and Genetics Program. If clinical information is used as a portion of data reviewed for scientific publication, personal identifiers will not be included. As a program participant, you may be contacted in the future regarding new genetic testing/technological developments, as applicable.

If you willingly consent to participate in this program, please sign below. You will receive a copy of this form.

_____	_____	_____
Printed Name of Participant	Signed Name of Participant	Date