**Request form for medical doctors who are not ERN members and
asking for ERN GENTURIS advice**

**Patient information**

**Do you have Informed Consent from the patient? Please use the CPMS Informed Consent Form.**(if you need the form in another language than English, please send a request to jelena.meek@radboudumc.nl)

**□ yes □ no**

 **Most important question (max 2):**

1. **…………………………………………….
……………………………………………**
2. **……………………………………..……..
…………………………………………….**

 **Patient description: history, signs, symptoms, phenotype.**

**…………………………………………...**

**……………………………………………**

**……………………………………………**

**……………………………………………**

 **Relevant Family history**

**……………………………………….………………..**

**…………………………………………………………**

 **Genetic tests: what was performed and what were the results.**

**………………………………………..**

**……………………………………………**

 **Main area of expertise requested:**

**□ Neurofibromatosis**

**□ Lynch and polyposis**

**□ Hereditary Breast/Ovarian cancer**

**□ Other predisposition tumour syndromes**

**MD information**

**First Name: ………………………………… Surname: …………………………………**

**Speciality: ………………………
Workplace: ………………
Country: .............**

**Please send this form to : .......................@........................
(see** [**www.genturis.eu**](http://www.genturis.eu) **for nearest ERN GENTURIS HCP contact)**