**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 [genturis@radboudumc.nl](mailto:genturis@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)**