**EUROPAC Referral Sheet**

|  |
| --- |
| **Participant Details** |
| Participant Name |  | M/F |  |
| NHS Number |  | Date of Birth |  |
| Participant address |  | Post Code |  |
| Participant contact Number |  | Your Reference Number |  |
| **Referrer Details** |
| Referrer Name |  |
| Date |  |
| Referrer Email address |  |
| **Family History**(Tick appropriate) |
| 2 or more First Degree Relative with first degree kinship with pancreatic cancer(For example, parent and grandparent, parent and sibling, parent, and aunt/uncle etc.)  |  |
| 3 or more cases of pancreatic cancer in the family |  |
| 1 or more cases of pancreatic cancer with an associated syndrome(BRCA1, BRAC2, ATM, PALB2, Lynch Syndrome/HPNCC, FAMMM/ Multiple Melanoma) |  |
| Peutz-Jeghers Syndrome |  |
| Two or more relatives with idiopathic pancreatitis |  |
| Family history of pancreatitis and PRSS1mutation |  |
| Other: |  |  |
| Is the patient aware that this a study? |  | Is patient happy to be contacted by the EUROPAC Team? |  |
| Has a referral been made to genetics? |  |
| **Referral Documents****For genetics service only** |
| Family Pedigree | Yes | No | N/A |
| Lab Report | Yes | No | N/A |
| Confirmations of diagnosis | Yes | No | N/A |

If you have any queries regarding eligibility, contact the EUROPAC Team via your Regional Navigator

The EUROPAC Study does take self-referrals, there is no referral sheet for this, patients simply contact the team.

Once complete please send the referral sheet to europac.study@liverpoolft.nhs.uk