**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](mailto:europac.study@liverpoolft.nhs.uk)