

<p>THE UNIVERSITY OF TEXAS</p> <p><b>MD Anderson</b> <b>Cancer Center</b></p> <p><i>Making Cancer History<sup>®</sup></i></p>	<p align="center"><b>Referral Form</b></p> <p align="center">Mutation in Childhood Cancer: Implications of a Model</p> <p align="center">Principal Investigator: Dr. Louise Strong Toll-Free (877) 900-8894 Fax (713) 745-7044 <a href="mailto:humancancergenetics@mdanderson.org">humancancergenetics@mdanderson.org</a></p>
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Thank you for your interest in the family cancer genetic research studies at MD Anderson. The main purpose of our study is to determine what characteristics predispose some families to cancer more than others. All information is held in strict medical confidence and is protected by a NIH Certificate of Confidentiality.

**Full Name:**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Ethnicity / Race:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Phone Number & Best time to Contact:** \_\_\_\_\_

**May we leave a message?**    Yes                          No   

**Genetic Counselor or Referring Health Care Provider's Name:** \_\_\_\_\_

**Institutional Affiliation:** \_\_\_\_\_

**Please check the following:**

\_\_\_ I understand by submitting this form to UT MD Anderson, I am giving permission for the genetic research team to contact me regarding eligibility, formal consent, and the research process.

\_\_\_ I understand that by participating in this research, any genetic information that may be medically relevant to me will be released to my referring health care provider.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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A Comprehensive Cancer Center designated by the National Cancer Institute  
located in the Texas Medical Center