

DATE

Dear Family Member,

This letter is to inform you that a member of your family, [Proband Name], has tested positive for a [gene name] gene mutation, [enter specific mutation]. Testing was performed at [Genetic Testing Laboratory Name] (accession # [Requisition/Accession Number]). A mutation in this gene is associated with [syndrome name OR increased risks for cancer].

We recommend you take this letter and a copy of your relative's results to a genetic counselor or medical provider to discuss genetic testing options and what this means for you and your family.

[Implications of Positive Results-See Gene-Specific Family Letter Templates]

Early detection and prevention is important.

Inheritance-Select one

- **Autosomal Dominant Condition:** *[Depending on your family structure, you may have as high as a 50% chance of also having inherited this gene mutation. This mutation can be passed to both males and females. Both males and females have risks for cancer if they inherit the mutation, and they can both pass the mutation to their sons and daughters.]*
- **Autosomal Recessive Condition:** *[The cancer risk associated with this gene is highest for individuals who inherit a gene mutation from both parents. Because a mutation in this gene has already been identified in your family, you may be at increased risk. These mutations can be passed down to both males and females. Both males and females have risks for cancer if they inherit the mutations, and they can both pass the mutations to their sons and daughters.]*

Testing Costs Coverage-Select one:

- **General:** [Most insurance companies cover the cost of genetic testing, and financial assistance may be available for patients without insurance. Self-pay options are also available.]
- **Laboratory Family Testing Program:** [[Genetic Testing Laboratory Name] may cover testing for this mutation if testing is ordered within [number of days] days of your relative's report date. It is necessary to provide a copy of your relative's genetic testing report.]

In [Geographic location of practice providing Genetics services] area you can contact our office to set up an appointment for genetic counseling. You can reach us at [Provider phone/fax number] or by email at [Provider e-mail] Additionally, you can find a genetic counselor in other areas nationwide by visiting: <http://www.FindAGeneticCounselor.com>.

Sincerely,

[Genetic Counselor Name]

Certified Genetic Counselor

[Practice/Institution Name]

Privacy Notice: *The information provided in this letter is based on the current medical literature on cancer genetics. We encourage our patients to stay in touch with our office as the field of cancer genetics is continually changing and molecular genetic testing technology is improving. If there is any change in the patient's personal and/or family history, please re-contact our office. Information related to the patient's family members or other third parties may be maintained in a separate file and excluded from a general release of information. Due to the sensitive and confidential nature of this type of genetic information, it may be protected from disclosure according to federal or state privacy laws.*