**EUROPAC Referral Sheet**

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| **Participant Details** | | | | | | | | |
| Participant Name | | |  | | M/F | |  | |
| NHS Number | | |  | | Date of Birth | |  | |
| Participant address | | |  | | Post Code | |  | |
| Participant contact Number | | |  | | Your Reference Number | |  | |
| **Family History**  (Tick appropriate) | | | | | | | | |
| 2 or more First Degree Relative 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 | | | | | | | |  |
| Peutz-Jeghers Syndrome | | | | | | | |  |
| Two or more relatives with idiopathic pancreatitis | | | | | | | |  |
| One case of idiopathic pancreatitis | | | | | | | |  |
| Family history of pancreatitis and PRSS1 | | | | | | | |  |
| Other: |  | | | | | | |  |
| **Referral Documents** | | | | | | | | |
| Pedigree | | Yes | | No | | N/A | | |
| Lab Report | | Yes | | No | | N/A | | |
| Confirmations | | Yes | | No | | N/A | | |
| **Referrer Details** | | | | | | | | |
| Referrer Name | | | |  | | | | |
| Date | | | |  | | | | |
| Referrer Email address | | | |  | | | | |

Please forward to Eleri Hughes

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