**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 cancerFor 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 |  |

Once completed, please forward the referral sheet to Beata.Gubacsi@liverpoolft.nhs.uk for processing.