



## NCI Cancer Genetics Services Directory

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### Introduction

You are listed as a provider of genetics services in the *NCI Cancer Genetics Services Directory* as part of the National Cancer Institute's Web site. Below is an electronic form that shows the information about you and your services currently listed in the *Directory*. Please review the information and update it by typing any changes directly into the boxes.

If you have any questions, please send an email to [GeneticsDirectory@cancer.gov](mailto:GeneticsDirectory@cancer.gov).

### 1. Contact Information

Please verify all contact information. This address is used to contact you for data verification purposes. It may be the same as one of the practice locations listed in the online directory (see *Practice Locations* immediately below).

**Last Name:**   
**First Name:**   
**Middle Initial(s):**   
**Suffix:**   
**Institution:**   
**Contact Address:**   
  
**Telephone:**   
**Fax:**   
**\* E-mail:**   
**Publish email address in directory?** Yes  No   
**Web Address:**

### 2. Practice Locations

Please verify the practice location(s) for consultations and patient referrals, and list additional locations (up to a maximum of four total locations).

Location 1

**Institution:**   
**Contact Address:**   
  
**\* Telephone:**

Location 2

**Institution:**   
**Contact Address:**   
  
**\* Telephone:**

Location 3

**Institution:**

**Contact Address:**

**\* Telephone:**

Location 4

**Institution:**

**Contact Address:**

**\* Telephone:**

**3. Type of Health Care Professional**

Please verify information on type of health care professional (check all that apply).

- Clinical Psychologist (Ph.D., Psy.D.)
- Clinical Social Worker (M.S.W., D.S.W.)
- Genetic Counselor (M.S., M.Sc., M.A., C.G.C.)
- Geneticist (Ph.D.)
- Nurse (R.N., B.S.N., M.S.N., M.S., M.A., Ph.D.)
- Physician (M.D., D.O., or foreign equivalent)
- Other

**4. Degree(s)**

Please verify academic degrees.

**5. Specialties and Certifications**

Please verify genetics and oncology specialties and board certifications.

Specialty	Board Certified	Board Eligible	Year Eligible
<input type="checkbox"/> Clinical Biochemical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clinical Cytogenetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clinical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clinical Molecular Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Genetic Counseling	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Gynecologic Oncology	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hematology	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Medical Biochemical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Medical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Molecular Genetic Pathology	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Oncology Nursing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pediatric Hematology-Oncology	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/>	<input type="checkbox"/>	

**6. Team Services**

Are you a member of an interdisciplinary team?

- Yes
- No

If so, please verify the services provided by you or members of your team (check all that apply).

- Appropriate pre- and post-test counseling and informed consent
- Follow-up plan of care
- Genetic susceptibility testing
- Patient cancer risk assessment
- Patient genetics education

**7. Professional Services**

Do you currently provide professional services?

- Yes  
 No

Are you willing to accept calls or e-mails from individuals seeking familial cancer risk counseling and/or genetic susceptibility testing?

- Yes  
 No

Please indicate if there are restrictions to services provided (e.g., a person must be eligible for a clinical trial in order to receive services).

- Yes (Please specify)

- No

## 8. Predisposing Syndromes

Please verify the familial cancer predisposing syndromes for which you provide services. A list of cancer sites and types associated with each syndrome will also be provided for searching in the directory.

- |  |  |
|--|--|
| <input type="checkbox"/> Ataxia-telangiectasia                                   | <input type="checkbox"/> Multiple endocrine neoplasia type 2     |
| <input type="checkbox"/> Basal cell nevus syndrome                               | <input type="checkbox"/> Multiple myeloma, familial              |
| <input type="checkbox"/> Beckwith-Wiedemann syndrome                             | <input type="checkbox"/> Neuroblastoma, hereditary               |
| <input type="checkbox"/> Birt-Hogg-Dubé syndrome                                 | <input type="checkbox"/> Neurofibromatosis type 1                |
| <input type="checkbox"/> Bloom syndrome  | <input type="checkbox"/> Neurofibromatosis type 2                |
| <input type="checkbox"/> Breast/ovarian cancer, hereditary (BRCA1)               | <input type="checkbox"/> Nijmegen breakage syndrome              |
| <input type="checkbox"/> Breast/ovarian cancer, hereditary (BRCA2)               | <input type="checkbox"/> Pancreatic cancer, hereditary           |
| <input type="checkbox"/> Carney complex, types I and II                          | <input type="checkbox"/> Paraganglioma, hereditary               |
| <input type="checkbox"/> Chordoma, familial                                      | <input type="checkbox"/> Peutz-Jeghers syndrome                  |
| <input type="checkbox"/> Colon cancer, hereditary non-polyposis - Lynch syndrome | <input type="checkbox"/> Polyposis, familial adenomatous         |
| <input type="checkbox"/> Costello syndrome                                       | <input type="checkbox"/> Polyposis, familial juvenile            |
| <input type="checkbox"/> Cowden syndrome   | <input type="checkbox"/> Polyposis, MYH-associated               |
| <input type="checkbox"/> Dyskeratosis congenita                                  | <input type="checkbox"/> Prostate cancer, hereditary             |
| <input type="checkbox"/> Esophageal cancer with tylosis                          | <input type="checkbox"/> Renal cell cancer, hereditary           |
| <input type="checkbox"/> Exostoses, hereditary multiple                          | <input type="checkbox"/> Retinoblastoma, hereditary              |
| <input type="checkbox"/> Fanconi anemia  | <input type="checkbox"/> Rhabdoid predisposition syndrome        |
| <input type="checkbox"/> Gastric cancer, hereditary diffuse                      | <input type="checkbox"/> Rothmund-Thomson syndrome               |
| <input type="checkbox"/> Gastrointestinal stromal tumor, hereditary              | <input type="checkbox"/> Simpson-Golabi-Behmel syndrome          |
| <input type="checkbox"/> Lymphoma, Hodgkin, familial                             | <input type="checkbox"/> Testicular germ cell tumor, familial    |
| <input type="checkbox"/> Hyperparathyroidism, familial                           | <input type="checkbox"/> Thyroid cancer, familial medullary      |
| <input type="checkbox"/> Leukemia, acute myeloid, familial                       | <input type="checkbox"/> Thyroid cancer, familial non-medullary  |
| <input type="checkbox"/> Leukemia, chronic lymphocytic, familial                 | <input type="checkbox"/> Tuberous sclerosis complex              |
| <input type="checkbox"/> Li-Fraumeni syndrome                                    | <input type="checkbox"/> Von Hippel-Lindau syndrome              |
| <input type="checkbox"/> Lymphoma, non-Hodgkin, familial                         | <input type="checkbox"/> Waldenström macroglobulinemia, familial |
| <input type="checkbox"/> Melanoma, hereditary, multiple                          | <input type="checkbox"/> Werner syndrome                         |
| <input type="checkbox"/> Mosaic variegated aneuploidy                            | <input type="checkbox"/> Wilms tumor, familial                   |
| <input type="checkbox"/> Multiple endocrine neoplasia type 1                     | <input type="checkbox"/> Xeroderma pigmentosum                   |

## 9. Memberships

Please indicate your membership in any of the following national societies or special interest groups.

- American College of Medical Genetics (ACMG)  
 American Psychological Association (APA)  
 American Society of Clinical Oncology (ASCO)  
 American Society of Human Genetics (ASHG)  
 Collaborative Group of the Americas on Inherited Colorectal Cancer (CGA-ICC)  
 International Society for Gastrointestinal Hereditary Tumors (InSiGHT)  
 International Society of Nurses in Genetics (ISONG)  
 NSGC Special Interest Group in Cancer  
 National Society of Genetic Counselors (NSGC)  
 ONS Cancer Genetics Special Interest Group

Oncology Nursing Society (ONS)

### 10. Completion

When you have reviewed the information above and made any necessary changes, please select the appropriate button to submit your reply.

Please update my profile with the changes I have made.

No changes are required.

