

## Tips for clinicians **before** ordering an Expanded Carrier Screening panel

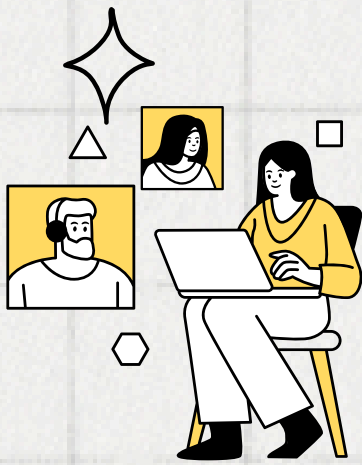
### 01

#### FAMILY HISTORY

Have I taken an up-to-date three-generation family history?

- Would a referral to genetics be indicated regardless of expanded carrier screening results e.g. family history of a genetic condition, of an ethnicity where there is higher prevalence of certain conditions, history of a previous child with congenital anomalies?

See the GECKO's [Family History Tools for Practice](#).



### 02

#### GENETIC COUNSELLING

Does the testing company also offer genetic counselling? This may be helpful to your patient if carrier screening is positive or uncertain.

- Is this with or without an additional fee?
- Are the company's genetic counsellors board certified (designated or Canadian Certified Genetic Counsellor (CCGC) or as Certified Genetic Counselor (CGC))?

### 03

#### RESULTS

Am I comfortable handling the results of this testing?

- Are variants of uncertain significance reported? Could I deal with unclear results?
- Genetics clinics may not be able to see your patient for the sole indication of a private genetic test result if it's not clinically actionable (e.g. carrier status in a single person vs a couple where both members are carriers of the same condition). Your patient should be made aware that access to formal genetic counselling may be limited.



### 04

#### INSURANCE

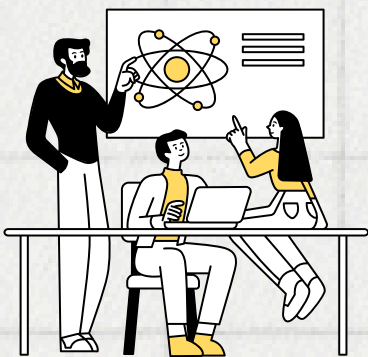
In Canada, the Genetic Non-Discrimination Act (GNA) was passed into law in 2017. Under GNA, providers of goods and services, including insurance providers, cannot:

- request or require that a person undergo a genetic test
- request or require the disclosure of previous or future genetic test results

Under GNA, federally regulated employers cannot

- use a person's genetic test results in decisions about hiring, firing, job assignments, or promotions
- request or require genetic test results of an employee

Learn more about GNA and your practice in [this Can Fam Physician article](#).



### 05

#### LIMITATIONS

Does my patient understand that screening is voluntary and:

- a negative result does not eliminate the risk for a genetic condition?
- accurate paternity is required for accurate reproductive risk assessment?



### 06

#### INFORMED CONSENT

Do I and my patient have some familiarity with each disorder on the panel?

- Inheritance (e.g. recessive, X-linked)
- Onset (childhood vs. adulthood)
- Severity (treatment or management available, e.g. Tay Sachs disease vs. cystic fibrosis vs. factor V Leiden)

