







Michigan Department of Health and Human Services Cancer Genomics Program Resource Order Form

Please view the resource on the website provided and write the number of copies you are requesting.

	<p>NEW! Hereditary Cancer Risk Assessment Tool: A pocket tool for providers https://www.michigan.gov/documents/mdhhs/Risk_Assessment_Tool_FINAL_2019_671914_7.pdf * If you would like copies of the previous tool (Cancer Family History Guide), please indicate that you would like the “wheel.”</p>	<p># of copies: _____</p>
	<p>Family History and Your Health – Fact Card http://www.michigan.gov/documents/mdhhs/English.FamilyHistoryAndYourHealth_526316_7.pdf</p>	<p># of copies: _____</p>
	<p>Cancer and Family Health History – Fact Card http://www.michigan.gov/documents/mdhhs/English.CancerAndFamilyHealthHistory_526315_7.pdf</p>	<p># of copies: _____</p>
	<p>Family History and Your Health for Native Americans – Fact Card https://www.michigan.gov/documents/mdhhs/ITCM-fact_card_FINAL_671912_7.pdf</p>	<p># of copies: _____</p>
	<p>Informed Consent for Genetic Testing Booklet http://www.michigan.gov/documents/InformedConsent_69182_7.pdf</p>	<p># of copies: _____</p>
	<p>MCGA/MCC’s Cancer-Specific Risk Factors for Genetic Counseling and Testing <i>A pocket-sized guide</i> http://www.michigan.gov/documents/mdhhs/4_steps_to_making_referrals_-_Risks_trifold_-_PRINTED_524656_7.pdf</p>	<p># of copies: _____</p>

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Name _____

Organization: _____

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City: _____ State: _____ Zip: _____