



NCI Cancer Genetics Services Directory

You are listed as a provider of genetics services in the *NCI Cancer Genetics Services Directory* on the National Cancer Institute's Web site (cancer.gov). 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 call the PDQ Directory Desk at (301) 402-6722 or send e-mail to NCIGeneticsDirectory@aspensys.com.

1. Contact Information:

Please verify all contact information. This address is used for internal data verification purposes and may be the same as practice locations (listed on cancer.gov).

Last Name:

Snyder

First Name:

Carrie L.

Initial(s):

CL

Suffix:

Institution:

Creighton University

Contact Address:

Hereditary Cancer Prevention Clinic
2500 California Plaza
OMAHA NE 68178

Telephone:

402-280-2634

Fax:

402-280-1734

E-mail:

csnyder@creighton.edu

Publish your e-mail address in the *NCI Cancer Genetics Services Directory*?

Yes

No

Web Address:

medicine.creighton.edu/hci/

Preferred database verification contact method:

E-Mail

Mail

2. Practice Locations:

Please verify the practice location(s) for consultations and patient referrals, and list additional locations (up to a maximum of 4 total locations).

Location 1

Institution:

Creighton University

Address:

Hereditary Cancer Prevention Clinic
2500 California Plaza
OMAHA NE 68178

Telephone:

402-280-2634

Location 2

Institution:

Address:

Telephone:

Location 3

Institution:

Address:

Telephone:

Location 4

Institution:

Address:

Telephone:

3. Type of Health Care Professional:

Please verify all 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 all academic degrees.

B.S.N., O.C.N.

5. Specialties and Certifications:

Please verify all genetics and oncology specialties and board certifications.

Specialty	Board Certified	Board Eligible	Board Year
<input type="checkbox"/> Clinical Biochemical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clinical Cytogenetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Clinical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clinical Molecular Genetics	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" 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 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 checked="" type="checkbox"/> Oncology Nursing	<input checked="" 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. Member of interdisciplinary team?

- Yes
- No

7. Interdisciplinary team services provided by you or members of your team (check all that apply):

- Patient genetics education
- Patient cancer risk assessment
- Appropriate pre- and post-test counseling and informed consent (including ethical, legal, and social issues related to testing and disclosure of test results)
- Genetic susceptibility testing (including information on limitations, specific tests available, and regulations concerning testing procedures such as CLIA and CAP/ACMG)
- Follow-up plan of care (including medical care, psychological support, and counseling about options for prevention or early detection guidelines)

8. Do you currently provide professional services?

- Yes
- No

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

- Yes
- No

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

- Yes (Please specify)
- No

Testing for BRCA 1/2 upon geneticist approval.

11. 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 checked="" type="checkbox"/> Adenomatous polyposis	<input type="checkbox"/> Multiple endocrine neoplasia 1
<input type="checkbox"/> Ataxia-telangiectasia	<input type="checkbox"/> Multiple endocrine neoplasia 2
<input type="checkbox"/> Basal cell nevus	<input checked="" type="checkbox"/> Neurofibromatosis 1
<input type="checkbox"/> Bloom syndrome	<input checked="" type="checkbox"/> Neurofibromatosis 2
<input checked="" type="checkbox"/> Breast/ovarian (BRCA1)	<input type="checkbox"/> Osteochondromatosis
<input checked="" type="checkbox"/> Breast/other (BRCA2)	<input checked="" type="checkbox"/> Pancreatic cancer, familial
<input type="checkbox"/> Carcinoid, familial	<input type="checkbox"/> Paraganglioma, familial
<input type="checkbox"/> Carney syndrome	<input checked="" type="checkbox"/> Peutz-Jeghers syndrome
<input type="checkbox"/> Chordoma	<input checked="" type="checkbox"/> Prostate cancer, familial
<input checked="" type="checkbox"/> Colon (HNPCC)	<input checked="" type="checkbox"/> Renal cancer, familial
<input checked="" type="checkbox"/> Cowden syndrome	<input checked="" type="checkbox"/> Retinoblastoma
<input type="checkbox"/> Esophagus, with tylosis	<input type="checkbox"/> Rothmund-Thomson syndrome
<input type="checkbox"/> Fanconi's anemia	<input checked="" type="checkbox"/> Testicular carcinoma, familial
<input checked="" type="checkbox"/> Gastric cancer, familial	<input type="checkbox"/> Tuberous sclerosis
<input checked="" type="checkbox"/> Hodgkin's disease	<input type="checkbox"/> Von Hippel-Lindau syndrome
<input checked="" type="checkbox"/> Li-Fraumeni syndrome	<input type="checkbox"/> Werner's syndrome
<input checked="" type="checkbox"/> Melanoma	<input type="checkbox"/> Wilms' tumor
	<input type="checkbox"/> Xeroderma pigmentosum

12. 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)
 - International Society of Nurses in Genetics (ISONG)
 - National Society of Genetic Counselors (NSGC)
 - NSGC Special Interest Group in Cancer
 - Oncology Nursing Society (ONS)
 - ONS Cancer Genetics Special Interest Group
-

Please select and submit your reply:

Submit1 Please update my profile with the changes I have made.

Submit2 No changes are required.