

THIS IS NOT A TEST REQUEST FORM.

Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR LYNCH SYNDROME/HNPCC TESTING

Patient Name _____ Date of Birth _____ Sex F M
 Physician _____ Physician Phone _____
 Practice Specialty _____ Physician Fax _____
 Genetic Counselor _____ Counselor Phone _____

Patient's Ethnicity (check all that apply)

African-American Asian Hispanic Native American
 Ashkenazi Jewish Caucasian Middle Eastern Other: _____

Has the patient been diagnosed with cancer? No Yes (check all that apply and specify age of onset)

<input type="checkbox"/> Colon, ascending (age: _____)	<input type="checkbox"/> Bladder (age: _____)	<input type="checkbox"/> Rectal (age: _____)
<input type="checkbox"/> Colon, cecal (age: _____)	<input type="checkbox"/> Brain (age: _____)	<input type="checkbox"/> Renal pelvis (age: _____)
<input type="checkbox"/> Colon, descending (age: _____)	<input type="checkbox"/> Endometrial (age: _____)	<input type="checkbox"/> Sebaceous gland (age: _____)
<input type="checkbox"/> Colon, sigmoid (age: _____)	<input type="checkbox"/> Gastric (age: _____)	<input type="checkbox"/> Small intestine (age: _____)
<input type="checkbox"/> Colon, transverse (age: _____)	<input type="checkbox"/> Ovarian (age: _____)	<input type="checkbox"/> Ureter (age: _____)
<input type="checkbox"/> Colon, unspecified (age: _____)	<input type="checkbox"/> Pancreas (age: _____)	<input type="checkbox"/> Other: _____ (age: _____)

Microsatellite Instability (MSI) Testing

Result by PCR: High Low Stable Indeterminate Unknown Not performed
 Result by Immunohistochemistry (IHC):
 Absent *MLH1* Absent *MSH2* Absent *MSH6* Absent *PMS2* Indeterminate Unknown Not performed

BRAF V600E mutation Positive Negative Unknown

MLH1 methylation Methylated Unmethylated Indeterminate Unknown

Has mismatch repair gene DNA testing been previously performed on the patient? Yes No Unknown

If yes, check completed test(s), provide result(s), and attach report(s).
 MLH1: Sequencing Deletion/Duplication Result: _____
 MSH2: Sequencing Deletion/Duplication Result: _____
 MSH6: Sequencing Deletion/Duplication Result: _____
 PMS2: Sequencing Deletion/Duplication Result: _____

Is there any relevant family history of cancer? No Yes Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List the type(s) of cancer and age at diagnosis:

Has DNA testing for mismatch repair gene been performed for the family member(s)? No Yes Unknown

If yes, attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing). For assistance with test selection when a relative has been tested previously, please contact an ARUP Genetic Counselor at (800)242-2787, ext. 2141

Check the test you intend to order. ARUP Consult Testing Algorithm for Lynch Syndrome/HNPCC can be found at <http://www.arupconsult.com/>.

- 2013449 Hereditary Gastrointestinal Cancer Panel, Sequencing and Deletion/Duplication (Includes *MLH1*, *MSH2*, *MSH6*, *PMS2* and other GI cancer genes)
- 0051650 HNPCC/Lynch Syndrome (*MLH1*) Sequencing and Deletion/Duplication
- 0051654 HNPCC/Lynch Syndrome (*MSH2*) Sequencing and Deletion/Duplication
- 0051656 HNPCC/Lynch Syndrome (*MSH6*) Sequencing and Deletion/Duplication
- 0051737 HNPCC/Lynch Syndrome (*PMS2*) Sequencing and Deletion/Duplication
- 2001728 HNPCC/Lynch Syndrome Deletion/Duplication: For patients with negative sequencing results or familial deletion/duplication testing.
- 2001961 Familial Mutation, Targeted Sequencing: tests for a mutation previously identified in a family member; a copy of the relative's lab result is REQUIRED.

Master Label

For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141