ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Lynch Syndrome/HNPCC testing.
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** _____/_____ /_____ **Gender** [ ] F [ ] M

Physician _____ **Physician Phone** (_____)_____ **Practice Specialty** _____

Genetic Counselor _____**Counselor Phone** (_____)_____

Patient's Ethnicity (check all that apply)

[ ] African American [ ] Ashkenazi Jewish [ ] Asian [ ] Caucasian
[ ] Hispanic [ ] Middle Eastern [ ] Native American [ ] Other _____

Has the patient been diagnosed with cancer? [ ] No [ ] Yes; (please specify all cancers and age of onset)

[ ] Cecal Colon (age_____) [ ] Gastric (age_____) [ ] Endometrial (age_____)
[ ] Ascending Colon(age_____) [ ] Pancreas (age_____) [ ] Ovarian (age_____)
[ ] Transverse Colon (age_____) [ ] Small Intestine (age_____) [ ] Rectal (age_____)
[ ] Descending Colon (age_____) [ ] Renal Pelvis (age_____) [ ] Brain (age_____)
[ ] Sigmoid Colon (age_____) [ ] Bladder (age_____) [ ] Sebaceous Gland (age_____)
[ ] Colon, unspecified region (age_____) [ ] Ureter (age_____) [ ] Other _____ (age_____)

Microsatellite Instability (MSI) Testing
Result by PCR [ ] High [ ] Low [ ] Stable [ ] Indeterminant [ ] Unknown [ ] Not performed
Result by Immunohistochemistry (IHC)
[ ] Absent MLH1 [ ] Absent MSH2 [ ] Absent MSH6 [ ] Absent PMS2 [ ] Indeterminant [ ] Unknown [ ] Not performed

BRAF V600E mutation [ ] Positive [ ] Negative [ ] Unknown
MLH1 methylation [ ] Methylated [ ] Unmethylated [ ] Indeterminant [ ] Unknown

Has mismatch repair gene testing been previously performed on the patient? [ ] Yes [ ] No [ ] Unknown
If yes, please check completed test(s) and provide result below or attach report.

MLH1: [ ] Sequencing [ ] Deletion/Duplication Result: _____
MSH2: [ ] Sequencing [ ] Deletion/Duplication Result: _____
MSH6: [ ] Sequencing [ ] Deletion/Duplication Result: _____
PMS2: [ ] Sequencing [ ] Deletion/Duplication Result: _____

Does the patient have a FAMILY HISTORY of cancer? [ ] Yes [ ] No [ ] Unknown
If yes, **please attach PEDIGREE or** specify the relationship(s) of affected family member(s) to the patient, the type(s) of cancer and age at diagnosis in each relative_____
_____

Has any affected family member had DNA testing for mismatch repair gene mutations? [ ] Yes [ ] No
If yes, please attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing)

Circle the test you intend to order.

2013449 Gastrointestinal Hereditary Cancer Panel, Sequencing and Deletion/Duplication, 16 Genes (Includes *MLH1*, *MSH2*, *MSH6*, *PMS2* and 12 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 *MLH1*/*MSH2*/*MSH6*/*PMS2* sequencing results. Also order for familial *MLH1*, *MSH2*, *MSH6* or *PMS2* large deletion or duplication testing.
2001961 Familial Mutation Targeted Sequencing. Assess for a *MLH1, MSH2, MSH6, or PMS2* sequence variant previously identified in a family member. A copy of a relative's DNA laboratory result is REQUIRED.

Link to ARUP Consult Testing Algorithm for Lynch Syndrome/HNPCC http://www.arupconsult.com/

Master Label

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