ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

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THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

PATIENT HISTORY FOR LYNCH SYNDROME/HNPCC TESTING

Patient Name: _____ **Date of Birth:** _____ **Sex:** ☐ Female ☐ Male

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

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

☐ Colon, ascending	(age:_____)	☐ Bladder	(age:_____)	☐ Rectal	(age:_____)
☐ Colon, cecal	(age:_____)	☐ Brain	(age:_____)	☐ Renal pelvis	(age:_____)
☐ Colon, descending	(age:_____)	☐ Endometrial	(age:_____)	☐ Sebaceous gland	(age:_____)
☐ Colon, sigmoid	(age:_____)	☐ Gastric	(age:_____)	☐ Small intestine	(age:_____)
☐ Colon, transverse	(age:_____)	☐ Ovarian	(age:_____)	☐ Ureter	(age:_____)
☐ Colon, unspecified	(age:_____)	☐ Pancreas	(age:_____)	☐ 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 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**

☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a sequence variant previously identified in a family member; a copy of a relative's lab report is REQUIRED.

☐ **3003144 Deletion/Duplication Analysis by MLPA:** Tests for large deletion/duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED.

Master Label

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