

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's Name _____ Date of Birth ____/____/____ Gender F M

Physician _____ Physician Phone (____) _____ Practice Specialty _____

Genetic Counselor _____ Counselor Phone (____) _____

Patient's Ethnicity (check all that apply)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Ashkenazi Jewish | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

- Has the patient been diagnosed with cancer?** No Yes; (please specify all cancers and age of onset)
- | | | |
|---|---|---|
| <input type="checkbox"/> Cecal Colon (age_____) | <input type="checkbox"/> Gastric (age_____) | <input type="checkbox"/> Endometrial (age_____) |
| <input type="checkbox"/> Ascending Colon (age_____) | <input type="checkbox"/> Pancreas (age_____) | <input type="checkbox"/> Ovarian (age_____) |
| <input type="checkbox"/> Transverse Colon (age_____) | <input type="checkbox"/> Small Intestine (age_____) | <input type="checkbox"/> Rectal (age_____) |
| <input type="checkbox"/> Descending Colon (age_____) | <input type="checkbox"/> Renal Pelvis (age_____) | <input type="checkbox"/> Brain (age_____) |
| <input type="checkbox"/> Sigmoid Colon (age_____) | <input type="checkbox"/> Bladder (age_____) | <input type="checkbox"/> Sebaceous Gland (age_____) |
| <input type="checkbox"/> Colon, unspecified region (age_____) | <input type="checkbox"/> Ureter (age_____) | <input type="checkbox"/> 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: | <input type="checkbox"/> Sequencing | <input type="checkbox"/> Deletion/Duplication | Result: _____ |
| MSH2: | <input type="checkbox"/> Sequencing | <input type="checkbox"/> Deletion/Duplication | Result: _____ |
| MSH6: | <input type="checkbox"/> Sequencing | <input type="checkbox"/> Deletion/Duplication | Result: _____ |
| PMS2: | <input type="checkbox"/> Sequencing | <input type="checkbox"/> 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.

- 0051650 Lynch Syndrome, HNPCC (*MLH1*) Sequencing & Deletion/Duplication
- 0051654 Lynch Syndrome, HNPCC (*MSH2*) Sequencing & Deletion/Duplication
- 0051656 Lynch Syndrome, HNPCC (*MSH6*) Sequencing & Deletion/Duplication
- 0051737 Lynch Syndrome, HNPCC (*PMS2*) Sequencing & 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. Targeted sequencing for a *MLH1, MSH2, MSH6, or PMS2* gene mutation 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/>

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

Master Label