



Lawrence M. Weiss, MD  
 Laboratory Director, CLIA #05D0665695  
 Juan-Sebastian Saldivar, MD, FACMG  
 Director of Molecular Diagnostics

**Molecular Diagnostic Laboratory**  
 1500 East Duarte Road  
 Northwest Building, Second Floor, Room 2236  
 Duarte, CA 91010-3000  
 Phone 888-826-4362 Fax 626-301-8142  
 mdl@coh.org http://mdl.cityofhope.org

## HNPCC Patient Information Form

(fill out for IHC, MSI, MLH1, MSH2, or MSH6 testing)

*Providing the following clinical information is critically important in helping us to interpret genotype variations and to provide optimal genotype analysis on your patient:*

### 1. General Information:

|                 |                |  |                                 |
|-----------------|----------------|--|---------------------------------|
| Date :          | Date of Birth: | Gender: Male <input type="checkbox"/>  | Female <input type="checkbox"/> |
| Name of Patient |                | Ethnic origin:   |                                 |
| First:          | Last:          | Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> |                                 |

**2. Family Meets the Following Criteria:**  Amsterdam Criteria I     Amsterdam Criteria II  
 Bethesda Criteria  
 None: (indicate why testing is still warranted) \_\_\_\_\_

### 3. Test ordered and indication (check all that apply):

- IHC
- MSI
- Full Sequencing (indicate):       *MLH1*       *MSH2*       *MSH6*       *PMS2*
- MLPA deletion analysis: (indicate):  *MLH1*       *MSH2*       *MSH6*
- Known Mutation Detection: (indicate mutation and proband's identifier): \_\_\_\_\_

### 4. Proband:

**Cancer Diagnosis(es) and age(s):** \_\_\_\_\_

### 5. Family History: (attach another sheet if needed)

| Relation to Patient | Cancer Diagnosis(es) | Age(s) of Onset | Known carrier? |
|---------------------|----------------------|-----------------|----------------|
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### 6. Please Attach Pedigree