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HNPCC Patient Information Form

(Fill out for IHC, MSI, MLH1, MSH2, MSH6, PMS2, EPCAM 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 <i>First: Last:</i>		Ethnic origin: 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* *PMS2* *EPCAM*
 HNPCC-COMP (MLH1, MSH2, MSH6, PMS2: Seq+MLPA; EPCAM: MLPA)
 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?

6. Please Attach Pedigree