



Dennis D. Weisenburger, MD  
 Chairman, Department of Pathology, CLIA #05D0665695

**Clinical 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  
 cmdl@coh.org http://cmdl.cityofhope.org

## HNPCC Patient Information Form

(Fill out for IHC, MSI, MLH1 Methylation, 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)  
 *MLH1-METH* (MLH1 gene, Somatic Promoter Methylation analysis)  
 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