**Clinical pro-forma** – *M1.9/M215.4 Somatic Lynch syndrome panel (MLH1, MSH2, MSH6, PMS2, POLD1, POLE) and deceased index case R210 Inherited MMR deficiency (Lynch syndrome).*

***Explanatory Notes:*** *This form should accompany all requests for screening of FFPE material on the Somatic Lynch syndrome panel (M1.9 & M215.4) & Deceased case R210 Inherited MMR deficiency. Please ensure the information you provide is as complete possible as this information will be used to determine the referral pathway, target the analysis and interpret the results. The referring clinician will be contacted for further information if the form is not completed and the release of results may be delayed.*

* ***5x10uM unstained slide mounted sections or rolls from a pathology block***
* ***Please include a copy of any Pathology report pertaining to the sample submitted for analysis***
* ***Send by first class post***
* ***Request card available from: https://mft.nhs.uk/nwglh/***

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| --- | --- |
| **Patient Details** | |
| Forename | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Date of Birth *(dd/mm/yyyy)* | Click or tap here to enter text. |
| NHS Number | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Local Ref No. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Referrer Information** | |
| Name | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of completion *(dd/mm/yyyy)* | Click or tap here to enter text. |

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| **Clinical Summary** | |
| Reason for referral | Deceased index case  *(to determine whether a deceased patient had a germline pathogenic variant to assist with the clinical management of their relatives)* |
| Somatic MMR gene testing  *(aims to distinguish between a diagnosis of hereditary and sporadic colorectal cancer in order to exclude a diagnosis of Lynch syndrome)* |
| Other *please provide details below:*  Click or tap here to enter text. |
| Clinical Indication | Colorectal  Endometrial |
| Has the FFPE tissue sample undergone MMR IHC analysis? | Yes No |
| *If yes, please provide details below*   |  |  |  |  | | --- | --- | --- | --- | |  | *Lost* | *Patchy* | *Retained* | | *MLH1* |  |  |  | | *PMS2* |  |  |  | | *MSH2* |  |  |  | | *MSH6* |  |  |  | |
| Has the FFPE tissue sample undergone MLH1 promoter hypermethylation analysis? | Yes No |
| *If yes was MLH1 promoter methylation normal?*  Yes No |
| Has the FFPE tissue sample undergone MSI analysis? | Yes No |
| *If yes how many markers showed MSI?*  Click or tap here to enter text. |
| Has the patient undergone germline MMR gene testing previously? | Yes No |
| *If yes, please provide details below or enclose a copy of the germline testing clinical report*  *Genes screened:*  Click or tap here to enter text.  *Variants identified:*  Click or tap here to enter text. |

***Thank you for your time and co-operation***