LYNCH SYNDROME PRE-SCREEN REQUEST FORM

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FOR LABORATORY USE ONLY			
SCMD No:	**Received by:**	**Prepared by:**	**Received:** (Date/Time)

INDIVIDUAL AUTHORISING REQUEST (e.g. Clinician / Pathologist)	
Name:	**Address:**
Phone:	

DESTINATION FOR ANALYSIS REPORT (ESSENTIAL – Results may be delayed if not completed)	
Name:	**Address:**
Phone:	**Note: If as above please tick here** ☐

Required Method(s) for Report Delivery *(please tick all that apply)*: **Post** ☐ **Fax** ☐ **Email** ☐

Results Fax number(s):	**Results e-mail(s):**

INVOICING DETAILS (ESSENTIAL – Results may be delayed if not completed in full)	
Contact name:	**Full Organisation Name and Postal Address:**
Phone:	
Email:	**Note: An authorisation code is mandatory if providing private medical insurance details**

PATIENT DETAILS (At least 3 unique identifiers are mandatory)			
Surname:	**Forename:**	**DOB** *(DD/MM/YYYY)*:	**Gender:** **M** ☐ **F** ☐

Hospital Name:	**Surgical Case ID:** including block number(s)	**Hospital Number:**	**Requester Ref:** *(if applicable)*

SAMPLE / PATHOLOGY DETAILS (Please provide as much information as possible)

NOTE: MLH1 methylation analysis requires both tumour and normal tissue for comparative purposes. Single blocks/slides may be accepted if suitable for macro-dissection (i.e. yield sufficient normal and tumour components with >20% tumour nuclei in the latter).

Material Supplied: *(see website for tissue requirements)*		**Estimated % of tumour nuclei in tumour component**			
FFPE Single Block ☐	**FFPE Paired Blocks** ☐	**< 20% (reject- MSI / MLH-1)** ☐		**51-75%** ☐	
Unstained Slides ☐		**21-50%** ☐		**>75%** ☐	

Primary Tumour Site: *(e.g. Colorectal)*	**Tumour Sub-Type:** *(e.g. Adenocarcinoma)*	**Tissue Sample(s) Supplied:** *(e.g. colon biopsy)*

Address for return of FFPE block or other unused material:

Note: If left blank, material will be returned to the same address as specified for the analysis report.

Test(s) Required, Please confirm approval to reflex test in accordance with Best Practice Guidelines

☐ **MSI**	☐ **MLH1 Promoter methylation**	☐ **Reflex test as required**

Please note: Although listed in NICE guidance, the use of BRAF codon 600 mutation as a surrogate Lynch Syndrome 'exclusion' marker, is intended for laboratories that do not have access to MLH1 Promoter methylation analysis. Current ACGS BPGs recommends use of the latter if available.