

# LYNCH SYNDROME PRE-SCREEN REQUEST FORM

Sarah Cannon Molecular Diagnostics  
Ground Floor, Shropshire House  
1 Capper Street, London WC1E 6JA



Part of HCA Healthcare UK

TEL: +44 (0)203 794 1920

EMAIL: [info@sarahcannon-md.co.uk](mailto:info@sarahcannon-md.co.uk)

Web: [www.sarahcannon-md.co.uk](http://www.sarahcannon-md.co.uk)

## 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 <input type="checkbox"/>	

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.