

Lynch Syndrome (MSI/MMR IHC) Tumour Testing Form



1. Patient forename		Patient surname	
Date of birth		Sex	M / F
Address			
NHS number		Completed by	
Hospital number		Completed date	

2. **Please indicate all required recipients of report.** Reports will be sent by post to the lead consultant/referrer only (and by email if address supplied). Other copies will be sent by email only.

Name	Position	Department and Hospital	Email address (_____@wales.nhs.uk)
	Lead Consultant/Referrer		
	MDT coordinator		
	Pathologist		
Duty Scientist	Lab Genetics	AWMGS	lab.genetics

3. **To be completed by Oncology/Surgery**

If biopsy sample provided, is surgery planned for this patient?	Yes / No / Undecided
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4. **To be completed by Clinical Genetics only**

Initial test required	<input type="checkbox"/> MSI (or IHC if <30%)	Consent obtained for	IHC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> IHC (MMR proteins)		Gene screen (blood)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Gene screen (FFPE)	Date of death (if applicable)			
	Genetics number		Histopathology lab		
		Histopathology number			

5. **To be completed by Histopathology/Cytology**

Please provide the following and send, with this completed form, to the address provided:

- Unstained sections:
 - **If >30% tumour or Gene Screen (FFPE) referral:** 8 x 4 micron sections (air-dried) mounted on slides
 - **If <30% tumour or IHC referral:** 4 x 4 micron sections (heated for 1 hour at 60°C or overnight at 37°C) mounted on charged slides
- 1 x 5 micron H&E stained slide with tumour area highlighted
- Pathology report

Address: All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff CF14 4XW. Phone: +44 (0) 2921 842641. Email: lab.genetics@wales.nhs.uk

Block number		Approximate % tumour nuclei in area highlighted on H&E	_____ %
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Site	Diagnosis	Further relevant clinical details:
<input type="checkbox"/> Colorectal, please specify <input type="checkbox"/> Endometrial <input type="checkbox"/> Other, please specify	<input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Suspicion of adenocarcinoma <input type="checkbox"/> Adenoma <input type="checkbox"/> Other, please specify	

Completed by		Date	
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6. **For internal All Wales Genomics Laboratory duty scientist use only**

Section: Familial Cancer	Number of slides: ____	Number of sections ____ x ____ µm	<input type="checkbox"/> H&E
Clinical Genetics Gene screen	<input type="checkbox"/> Do NOT extract, assign 90,000 number, send out to Manchester		DS initial & date
Clinical Genetics IHC (MMR)	<input type="checkbox"/> Do NOT extract, assign 90,000 number, send all slides to histo (Unless consent not obtained for IHC - contact FC section)		
Clinical Genetics MSI or oncology request	<30%	<input type="checkbox"/> Assign DNA number, send to FFPE extraction	
	≥30%		