



IGADM 1100 B MMR Test Additional Information Request Form

THE BELOW INFORMATION IS CONSIDERED PRIVATE AND CONFIDENTIAL

URGENT! This regards a received **Somatic MMR Genetic** test request (code **481472**) for your patient:

NAME: _____ DOB (YYYY-MM-DD) _____

MRN/LABCORP# (if applicable): _____

BEFORE TESTING CAN PROCEED FOR THIS PATIENT, OUR LABORATORY REQUIRES THE FOLLOWING CHECKED OFF [✓] ADDITIONAL INFORMATION. THE TEST WILL BE ON HOLD UNTIL THE ADDITIONAL INFORMATION IS PROVIDED.

- The patient's pathology report confirming colorectal or endometrial cancer.
- The patient's immunohistochemistry (IHC) report results.
- The patient's microsatellite instability (MSI) analysis results.
- The patient's BRAF test results.
- The patient's MLH1 promoter methylation test results.
- The patient's germline MMR genetic test results.

IF THE ADDITIONAL INFORMATION IS UNAVAILABLE, PLEASE SELECT FROM THE FOLLOWING OPTIONS:

- Our patient would still like to proceed with the **Somatic MMR Genetic** test to screen their tumor DNA for any pathogenic variants in the *MLH1*, *MSH2*, *MSH6* and *PMS2* genes (full test details are available at impactgenetics.com).
- Please continue to hold the sample until we can provide Impact Genetics with the requested information.
- Our patient wishes to cancel this test. Please dispose or return their sample(s) accordingly.

Please sign and date this form below, then fax the completed form to **Impact Genetics** at **905-697-9786**. Be sure to contact your local Labcorp affiliate to update the patient's requisition and billing information.

Form completed by: _____ Date (YYYY-MM-DD): _____

Title: _____ Affiliate/Clinic: _____

For any questions/comments, please contact our laboratory:



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