

PATIENT INFORMATION

Last Name	First Name	Middle Name	DOB (MM/DD/YYYY)
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PATIENT CANCER HISTORY

No personal history of cancer	
Diagnosis	Age at Diagnosis

FAMILY HISTORY

None/ No known family history Unknown Adopted				
Relationship	Maternal	Paternal	Relevant History	Age at Diagnosis

ANCESTRY

White/Caucasian	Hispanic	Black/African American	Native American	East Asian	South Asian	Middle Eastern	Ashkenazi Jewish	Other:
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BONE MARROW TRANSPLANT

Personal history of allogenic bone marrow or peripheral stem cell transplant:	Yes	No	Note: using a blood or saliva sample is not appropriate for patients who have undergone a bone marrow transplant
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PATIENT INFORMATION

No personal or family history of molecular and/or genetic testing		
Germline Testing	Tests performed	Results
Germline Testing	Tests performed	Results
Microsatellite instability analysis	Stable (MSS) Unstable/High (MSI-High) Unstable/Low (MSI-Low)	
Immunohistochemical straining	Proteins present	Proteins absent
Relationship to patient		
Self Family member		