

**Lynch Syndrome Expert Network South East GMSA**

**MDT REFERRAL PROFORMA**

**PATIENT DEMOGRAPHICS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Hospital/NHS number | DOB | Age | Ethnicity | Sex | Gender as stated by patient |
|  |  |  |  | Choose an item. | Choose an item.  | Choose an item. |

**PATIENT INFORMATION/ PMH**

|  |  |
| --- | --- |
| Background |  |
| Cancer Site | Choose an item. |
| History of Cancer / Polyps (endoscopic and surgical history) |  |
| Date of cancer diagnosis |  |
| Any further treatment plans? |  |
| Family History/Pedigree (please attach if possible) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TESTs | Test date | Result date | Result |
| MMR Testing |  |  |  |
| MSI Testing |  |  |  |
| MLH1 promotor methylation |  |  |  |
| BRAF Testing |  |  |  |
| POLE Testing |  |  |  |
| Germline Testing - R210 |  |  |  |
| Germline Testing - R211 |  |  |  |

**REFERRER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Hospital | Cancer Alliance | Email address | Date of referral sent to the MDT Coordinator |
|  |  | Choose an item. |  |  |

**MDT INFORMATION**

|  |  |
| --- | --- |
| Question for MDT |  |
| Date of MDT |  |
| Ongoing Referral | Choose an item. |
| Further Outcomes |  |
| Attendees |  |