

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

PATIENT CANCER HISTORY	
<input type="checkbox"/> No personal history of cancer	
Diagnosis	Age at Diagnosis

FAMILY HISTORY				
<input type="checkbox"/> None / No Known Family History <input type="checkbox"/> Unknown <input type="checkbox"/> Adopted				
Relationship	Maternal	Paternal	Relevant History	Age at Diagnosis
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ANCESTRY	
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> East Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Other: _____	

BONE MARROW TRANSPLANT	
Personal history of allogenic bone marrow or peripheral stem cell transplant: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Using a blood or saliva sample is not appropriate for patients who have undergone a bone marrow transplant.	

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING	
<input type="checkbox"/> No personal or family history of molecular and/or genetic testing	
<input type="checkbox"/> Germline testing	Tests performed: _____ Results: _____
<input type="checkbox"/> Somatic/tumor testing	Tests performed: _____ Results: _____
<input type="checkbox"/> Microsatellite instability analysis	<input type="checkbox"/> Stable (MSS) <input type="checkbox"/> Unstable/High (MSI-High) <input type="checkbox"/> Unstable/Low (MSI-Low)
<input type="checkbox"/> Immunohistochemical staining	Proteins present: _____ Proteins absent: _____
Relationship to patient:	<input type="checkbox"/> Self <input type="checkbox"/> Family member: _____