



**LynchNow™ Testing
SUPPLEMENTARY INFORMATION FORM**

Name of Ordering Provider:

Patient Information

Name:

Date of Birth:

Please check which applies to the patient listed above:

Tumor tissue is not available

Tumor tissue was determined by a pathologist to be inadequate to perform MSI or IHC testing

The tumor sample is no longer available

Signature of Ordering Healthcare Provider

Date

*If you did not submit this form with the specimen,
please fax to our customer service department at 224.588.9941*