***St.Vincent Hospital Center for Cancer Care***

***Cancer Genetics Risk Assessment Program***

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| *8301 Harcourt Road #100*  *Indianapolis, Indiana, 46260* | *Appointments (317)338-RISK*  *Fax (317)583-2436* |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per our recent implementation of a universal screening program for Lynch syndrome at St. Vincent Hospital, your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was identified by pathology studies as having one or more abnormalities consistent with Lynch syndrome. Further evaluation and genetic testing is available to make a diagnosis of Lynch syndrome. Please discuss this option with your patient and if they are in agreement with further evaluation in the Cancer Genetics Risk Assessment Program, sign and fax back the enclosed referral along with the patient’s contact information, records and insurance card. We will then contact the patient to schedule an appointment. For your patient’s benefit, we have also enclosed a patient brochure about the screening that was done. Please feel free to contact either one of us with any questions.

Sincerely,

Stephanie A. Cohen, MS, CGC, LGC

317-415-6676

Dawn E. McIlvried, MS, CGC, LGC

317-415-6689