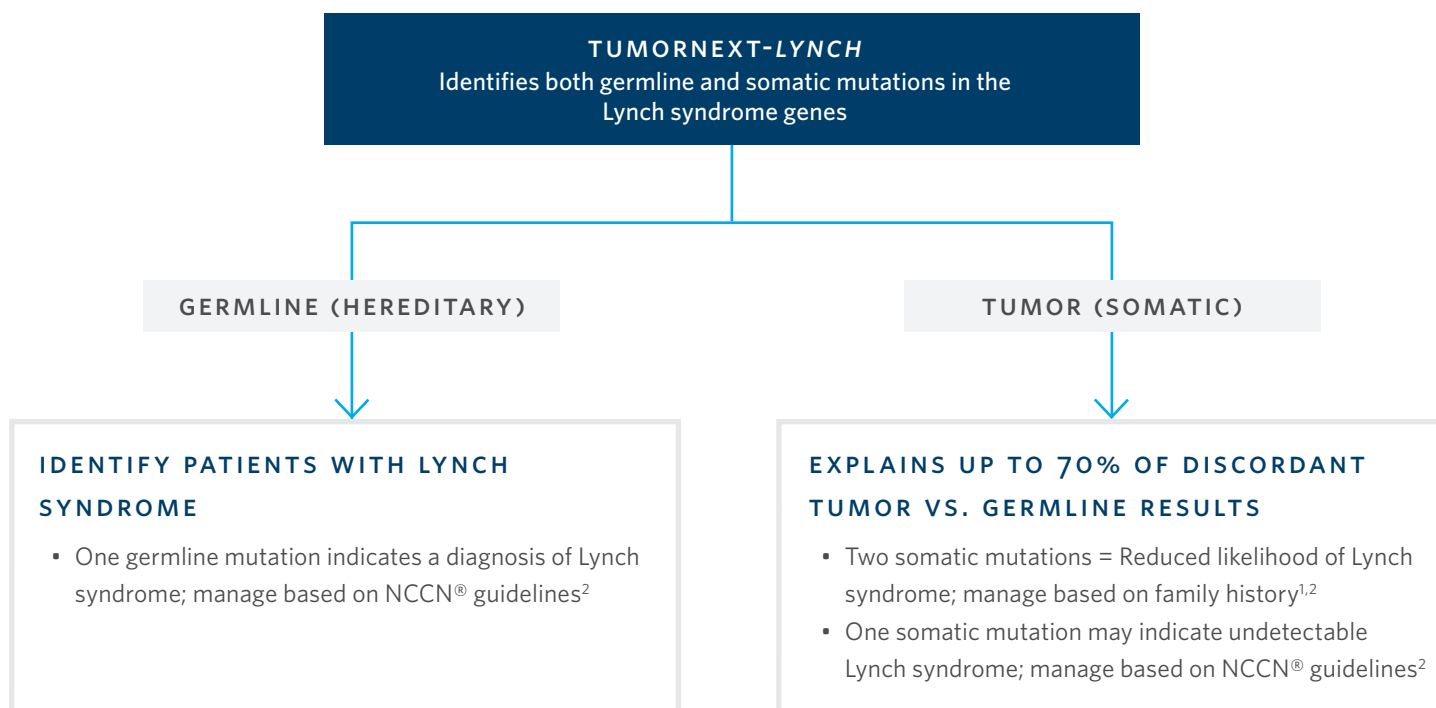


Knowing the Difference is Critical



Rule out or confirm a diagnosis of Lynch syndrome with one efficient test.



WHY ORDER TUMORNEXT-LYNCH?

GET MORE COMPLETE INFORMATION TO GUIDE HEALTHCARE DECISIONS WITH ONE TEST

- Rule out or confirm a diagnosis of Lynch syndrome
- Clarify cancer risks so you can modify screening and prevention recommendations
- Guide treatment based on mismatch repair deficiency and/or *BRAF/KRAS/NRAS* mutation status

Who Should Have TumorNext-Lynch?

Patients with colorectal or endometrial cancer and any of the following:

- Abnormal MSI/IHC and no previous Lynch syndrome germline testing
- Abnormal MSI/IHC and previously negative germline Lynch syndrome genetic testing
- A personal and/or family history suggestive of Lynch syndrome

One test looks at both tumor and germline to bring more clarity for your patients.

TEST DETAILS

TUMORNEXT-LYNCH* INCLUDES:

- Paired tumor/germline analysis of *MLH1*, *MSH2*, *MSH6*, *PMS2*, and *EPCAM*
- *MLH1* promoter hypermethylation analysis
- Microsatellite instability (MSI) analysis
- Option to add on *BRAF* (V600E) and targeted *NRAS* and *KRAS* analysis

* Test options available to add ColoNext, OvaNext, or CancerNext germline testing to TumorNext-Lynch

Turnaround Time

21-28 days (once both samples are received)

Acceptable Specimen Types

Lynch syndrome tumors accepted[^] for testing. Visit ambrygen.com/tumornext-lynch for complete details.

[^] Pathology report also required with order

ORDERING PROCESS

1

Complete Tumor Test Requisition Form (TRF) and submit with blood sample and relevant pathology report (required)

2

Ambry will contact the pathology department to request the tumor specimen

3

Testing will begin when the blood and tumor samples are both received; both are required for processing

Please note that the time to receive the tumor specimen depends on individual pathology departments and may delay testing. Follow-up may be needed.

References

1. Haraldsdottir S, et al., *Gastroenterology*. 2014 December;147(6):1308-16.
2. NCCN Clinical Practice Guidelines in Oncology®. Genetic/Familial High-Risk Assessment: Colorectal. V.1.2017