**Appendix C Reporting proforma for further investigations for appendiceal mucinous neoplasms and adenocarcinoma**

Surname: ………………………..… Forenames: ……………………….. Date of Birth: ……………… Sex:……..

Hospital ………………………….... Hospital No: ………………….….… NHS No:………………………………….

Date of Surgery: ………………..… Date of Report Authorisation: …………… Report No: ………………...........

Date of Receipt :……………….…. Pathologist: ………………….……………. Clinician ……………………........

**Additional investigations:**

**Mismatch repair (MMR) protein immunohistochemistry**

Yes No Equivocal Test failed Not performed

MLH1 nuclear expression intact     

PMS2 nuclear expression intact     

MSH2 nuclear expression intact     

MSH6 nuclear expression intact     

**Microsatellite instability (MSI) testing**

MSI-high  MSI-low  MS-stable  Test failed  Not performed 

**MLH1 promoter hypermethylation testing**

Present  Absent  Test failed  Not performed 

***BRAF* V600E mutation testing**

Present  Absent  Test failed  Not performed 

***KRAS* mutation testing**

Present  Absent  Test failed  Not performed 

Specify mutation……………..

***NRAS* mutation testing**

Present  Absent  Test failed  Not performed 

Specify mutation……………..