ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Neurofibromatosis Type I/Legius Syndrome testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR NEUROFIBROMATOSIS TYPE 1/ LEGIUS SYNDROME

Patient Name _____ Date of Birth _____/_____/_____ Gender [ ] F [ ] M

Physician _____ Physician Phone (_____)_____Practice Specialty_____

Genetic Counselor _____ Counselor Phone (_____)_____

Patient's Ethnicity (check all that apply)
[ ] African-American [ ] Ashkenazi Jewish [ ] Asian [ ] Caucasian
[ ] Hispanic [ ] Middle Eastern [ ] Native American [ ] Other_____

Does the patient have SYMPTOMS? [ ] No [ ] Yes (check all that apply)
[ ] Café au lait macules (circle number) 1 2 3 4 5 6 7+
[ ] Specific osseous lesions such as tibial pseudarthrosis or sphenoid dysplasia; describe_____
[ ] Overgrowth, describe_____
[ ] Malignant peripheral nerve sheath tumor (MPNsT)
[ ] Axillary or inguinal freckling [ ] Optic glioma (age at diagnosis_____)
[ ] Learning disabilities [ ] Scoliosis
[ ] Dermal fibromas [ ] Lisch nodules (iris hamartomas)
[ ] Vertebral dysplasia [ ] Other _____

Does the patient have a FAMILY HISTORY of: [ ] NF1 [ ] LEGIUS [ ] Neither [ ] Unknown
If yes, attach a PEDIGREE or specify the RELATIONSHIP of the family members(s) to the patient and detail the symptoms/age of onset in each symptomatic relative.
_____

Has DNA testing been performed for these family member(s)? [ ] No [ ] Yes [ ] Unknown
If yes, attach a copy of the relative's DNA laboratory result.

Has the patient undergone previous germline DNA testing for this disorder? [ ] No [ ] Yes [ ] Unknown
If yes, please describe test(s) and results_____

Does this patient have *NF1* genetic variant(s) previously identified in tumor/bone marrow? [ ] No [ ] Yes [ ] Unknown
If yes, please attach result or describe _____

Circle the test below you intend to order.

2007154 Neurofibromatosis, Type 1 (*NF1*) Sequencing and Deletion/Duplication -- Detects 84-93% of NF1.

2007159 Neurofibromatosis, Type 1 (*NF1*) Sequencing -- Detects 77-86% of NF1.

2001952 Neurofibromatosis Type 1 (*NF1*) Deletion/Duplication – Detects 7% of NF1.

2008347 Legius Syndrome (*SPRED1*) Sequencing and Deletion/Duplication- Sensitivity for Legius is unknown.

2002945 Legius Syndrome (*SPRED1*) Sequencing- Sensitivity for Legius is unknown.

2001961 Familial Mutation, Targeted Sequencing - Tests for a previously identified familial sequence variant only. A copy of relative's DNA laboratory result is REQUIRED.

For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141

Master Label