

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 *NFI* 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 (*NFI*) Sequencing and Deletion/Duplication** -- Detects 84-93% of NF1.
- 2007159 Neurofibromatosis, Type 1 (*NFI*) Sequencing** -- Detects 77-86% of NF1.
- 2001952 Neurofibromatosis Type 1 (*NFI*) 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.
- 2008373 Legius Syndrome (*SPRED1*) Deletion/Duplication-** 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

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