

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR *MUTYH*-ASSOCIATED POLYPOSIS TESTING

Patient Name _____ Date of Birth _____ Sex F M
 Physician _____ Physician Phone _____
 Practice Specialty _____ Physician Fax _____
 Genetic Counselor _____ Counselor Phone _____

Patient's Ethnicity (check all that apply)

- African-American Asian Hispanic Native American
 Ashkenazi Jewish Caucasian Middle Eastern Other: _____

Does the patient have symptoms? No Yes Unknown

Does the patient have polyps? No Yes Never Scoped Unknown

If yes, number of polyps: <10 10-49 50-99 100-500 >500

Location(s): Colon Gastric Duodenal

Has histopathology confirmed that the polyps are adenomatous? No Yes Unknown N/A

Has the patient been diagnosed with cancer? No Yes (check all that apply and describe)

- Colon (age: _____) Hepatoblastoma (age: _____) Rectal (age: _____)
 Gastric (age: _____) Medulloblastoma (age: _____) Thyroid (age: _____)
 Other: _____ (age: _____)

Other clinical manifestations: _____

Has the patient had an allogenic bone marrow or umbilical cord blood transplant? No Yes Unknown

Has the patient undergone previous DNA testing for *FAP/MUTYH/other*? No Yes Unknown

If yes, describe the test(s) and results: _____

Is there any relevant family history? No Yes Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List their symptoms and age of onset:

Has DNA testing been performed for the family member(s)? No Yes Unknown

If yes, attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing).

Check the test you intend to order.

- 2006191 *MUTYH*-Associated Polyposis (*MUTYH*) Sequencing: Full sequencing of the *MUTYH* gene.
 Detects 98% of MAP.
- 2006307 *MUTYH*-Associated Polyposis (*MUTYH*) 2 Mutations with Reflex to Sequencing:
 Detects 98% of MAP.
- 2004911 *MUTYH*-Associated Polyposis (*MUTYH*) 2 Mutations:
 Detects ~65% of MAP in Caucasians.
- 2001961 Familial Mutation, Targeted Sequencing: Tests for a mutation previously identified in a family member; a copy of relative's lab result is REQUIRED.

Master Label

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