

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform *MUTYH*-associated polyposis testing.
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** ____ / ____ / ____ **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? Yes No Unknown

Does the patient have polyps? Yes No 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 NA

Has the patient been diagnosed with cancer? No Yes **If yes, check all that apply:**

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

Other clinical manifestations? _____

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

If yes, please describe test(s) and results _____

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

Does the patient have a FAMILY HISTORY of Polyposis? No Yes Unknown

If yes, specify the RELATIONSHIP of the family member(s) to the patient and detail the symptoms/age of onset in each symptomatic/affected relative. _____

Please attach a copy of the PEDIGREE and a relative's DNA laboratory result.

Circle 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 previously identified familial *MUTYH* mutation only. A copy of relative's DNA laboratory result is REQUIRED.

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

Master Label