

**THIS IS NOT A TEST REQUEST FORM.**  
**The information below is required to perform Li-Fraumeni (TP53) testing.**  
**Please fill out this form and submit it with the test request form or electronic packing list.**

**PATIENT HISTORY FOR LI-FRAUMENI (TP53) 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 of Li-Fraumeni syndrome (LFS)?**  No  Yes

**If yes, check all that apply:**

- Adrenocortical carcinoma      Age of diagnosis: \_\_\_\_\_
- Brain tumor, specify type: \_\_\_\_\_      Age of diagnosis: \_\_\_\_\_
- Breast cancer      Age of diagnosis: \_\_\_\_\_
- Leukemia, specify type: \_\_\_\_\_      Age of diagnosis: \_\_\_\_\_
- Sarcoma, specify type: \_\_\_\_\_      Age of diagnosis: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

**Does the patient have a FAMILY HISTORY of LFS or related cancers?**  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 PEDIGREE if possible.**

Please attach a copy of the relative's DNA laboratory result, if applicable (**REQUIRED** for familial mutation testing).

**Has the patient undergone previous germline DNA testing for Li-Fraumeni syndrome?**  No  Yes

If yes, please describe test(s) and results \_\_\_\_\_

**Does this patient have TP53 genetic variant(s) previously identified in tumor/bone marrow?**  No  Yes  Unknown

If yes, please attach result or describe \_\_\_\_\_

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

**Circle the Li-Fraumeni syndrome test you intend to order.**

- 2009313 Li-Fraumeni (TP53) Sequencing and Deletion/Duplication:** Detects variants in ~80% of individuals who meet classic LFS criteria.
- 2009302 Li-Fraumeni (TP53) Sequencing:** Detects variants in ~80% of individuals who meet classic LFS criteria.
- 2009294 Li-Fraumeni (TP53) Deletion/Duplication:** For patients with a negative sequencing result, or a family history of a TP53 large deletion or duplication.
- 2001961 Familial Mutation, Targeted Sequencing:** For patients with a known sequence variant in a family member. A copy of the relative's lab report is **REQUIRED** for testing.

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

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