ARUP LABORATORIES

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.

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

Master Label