

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)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Ashkenazi Jewish | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

Does the patient have SYMPTOMS of Li-Fraumeni syndrome (LFS)? No Yes

If yes, check all that apply:

- | | |
|---|-------------------------|
| <input type="checkbox"/> Adrenocortical carcinoma | Age of diagnosis: _____ |
| <input type="checkbox"/> Brain tumor, specify type: _____ | Age of diagnosis: _____ |
| <input type="checkbox"/> Breast cancer | Age of diagnosis: _____ |
| <input type="checkbox"/> Leukemia, specify type: _____ | Age of diagnosis: _____ |
| <input type="checkbox"/> Sarcoma, specify type: _____ | Age of diagnosis: _____ |
| <input type="checkbox"/> 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