ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY
A nonprofit enterprise of the University of Utah and its Department of Pathology

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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 LI-FRAUMENI (*TP53*) 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 (check all that apply and describe)

☐ Adrenocortical carcinoma. Age of diagnosis: _____

☐ Brain tumor..... Age of diagnosis: _____; specify type: _____

☐ Breast cancer ..... Age of diagnosis: _____

☐ Leukemia..... Age of diagnosis: _____; specify type: _____

☐ Sarcoma ..... Age of diagnosis: _____; specify type: _____

☐ Other symptom(s): _____

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

Has the patient undergone previous germline DNA testing for Li-Fraumeni syndrome (LFS)? ☐ No ☐ Yes ☐ Unknown

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

_____

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

If yes, attach result or describe: _____

Is there any relevant family history of LFS or related cancers? ☐ 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.

☐ **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:** 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