ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Multiple Endocrine Neoplasia 2, *RET* Gene testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR MULTIPLE ENDOCRINE NEOPLASIA 2, *RET* GENE 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 a diagnosis of MEN2? [ ] Confirmed [ ] Suspected [ ] Unknown

Does the patient have SYMPTOMS? [ ] No [ ] Yes (check all that apply)

[ ] Medullary thyroid carcinoma (MTC) ([ ] Bilateral/[ ] Unilateral, [ ] Monoclonal/[ ] Multifocal, Age of onset:_____)
[ ] Pheochromocytoma ([ ] Bilateral [ ] Unilateral, Age of onset:_____)
[ ] Hyperparathyroidism (Age of onset: _____)
[ ] Parathyroid hyperplasia (Age of onset:_____)
[ ] Parathyroid adenoma (Age of onset:_____)
[ ] Skeletal abnormalities (describe:_____)
[ ] Eye abnormalities (describe:_____)
[ ] Neuromas (describe: _____)
[ ] Hirschsprung disease
[ ] Other_____

Laboratory Findings

Calcitonin	[ ] Abnormal	[ ] Normal	[ ] Unknown
Calcium	[ ] Abnormal	[ ] Normal	[ ] Unknown
Parathyroid Hormone	[ ] Abnormal	[ ] Normal	[ ] Unknown
Catecholamines	[ ] Abnormal	[ ] Normal	[ ] Unknown

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

Does the patient have a **FAMILY HISTORY** of MEN2 or related findings? [ ] No [ ] Yes [ ] Unknown
If yes, specify the **RELATIONSHIP** of the affected family member(s) to the patient and detail the symptoms/age of onset in each.
_____

Please attach a copy of the relative's *RET* laboratory result (REQUIRED for familial mutation testing)

Circle the MULTIPLE ENDOCRINE NEOPLASIA 2 (*RET*) test you intend to order.

0051390 Multiple Endocrine Neoplasia Type 2 (MEN2), *RET* Gene Mutations by Sequencing
Sequencing of *RET* exons 10, 11, 13-16 with 95%, 88%, and 98% clinical sensitivity for MEN2A, Familial Medullary Thyroid Carcinoma, and MEN2B respectively. Order for individuals with MTC and/or other findings suggestive of MEN2.

2001961 Familial Mutation, Targeted Sequencing - Tests for a *RET* sequence change previously identified in a family member; copy of relative's lab result is REQUIRED.

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

Master Label