ARUP LABORATORIES

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 complete and submit with the test request form or electronic packing list.

PATIENT HISTORY FOR PEUTZ-JEGHERS SYNDROME (PJS) TESTING

Patient Name: _____ **Date of Birth:** _____ **Sex:** ☐ Female ☐ Male

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

Does the patient have symptoms of Peutz-Jeghers syndrome? ..... ☐No ☐ Yes

Does the patient have polyps? ..... ☐ No ☐ Yes ☐ Never Scoped ☐ Unknown

If yes, number of polyps: _____

Location(s): ..... ☐ Colorectal ☐ Small bowel ☐ Gastric

Polyp histopathology: ..... ☐ Adenomatous ☐ Hamartomatous ☐ Unknown ☐ N/A

Does the patient have hyperpigmented macules? ..... ☐ No ☐Yes (indicate locations below) ☐ Unknown

☐ Around mouth ☐ Around eyes ☐ Around nostrils ☐ Perianally ☐ Buccal mucosa ☐ Fingers

☐ Other location: _____

Has the patient been diagnosed with cancer? ..... ☐ No ☐ Yes (check all that apply and describe)

☐ Breast ..... (age:_____) ☐ Gastric ..... (age:_____) ☐ Pancreatic ..... (age:_____)

☐ Colorectal..... (age:_____) ☐ Ovarian..... (age:_____) ☐ Small intestine ..... (age:_____)

☐ Other: _____ (age:_____)

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

Has the patient undergone previous DNA testing? ..... ☐ No ☐ Yes ☐ Unknown

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

Is there any relevant family history? ..... ☐ 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.

☐ **2008398 Peutz-Jeghers Syndrome (*STK11*) Sequencing and Deletion/Duplication**: Clinical sensitivity is ~99% in individuals with a family history of PJS and ~91% in individuals without a family history of PJS.

☐ **2001961 Familial Mutation, Targeted Sequencing**: Tests for a sequence variant previously identified in a family member; a copy of the relative's lab result is REQUIRED.

☐ **3003144 Deletion/Duplication Analysis by MLPA**: Tests for large deletion/duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED.

Master Label

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