ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform hereditary cancer panel testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FORM HEREDITARY CANCER PANEL

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 _____

Has the patient been diagnosed with a tumor or cancer? [ ] No [ ] Yes [ ] Unknown
Please indicate all the tumors/cancers the patient has been diagnosed with below:

[ ] Adrenal (age _____)
[ ] Brain (type/age _____)
[ ] Breast (age _____)
[ ] Colorectal (age _____)
[ ] Endometrial (age _____)
[ ] Gastric (age _____)
[ ] Leukemia (age _____)
[ ] Medullary thyroid (age _____)
[ ] Nonmedullary thyroid (age _____)
[ ] Melanoma (age _____)
[ ] Ovarian (age _____)
[ ] Pancreatic (age _____)
[ ] Parathyroid (age _____)
[ ] Pheochromocytoma (age _____)
[ ] Pituitary (age _____)
[ ] Prostate (age _____)
[ ] Renal (age _____0
[ ] Other:

Has the patient undergone previous DNA testing for this condition? [ ] No [ ] Yes [ ] Unknown
Describe (gene, method, result): _____

Is there a FAMILY HISTORY of cancers or tumors? [ ] No [ ] Yes [ ] Unknown
If yes, **attach a PEDIGREE or** specify the RELATIONSHIP of the family member(s) to the patient, symptoms, and age of onset. _____

Has DNA testing been performed for these family member(s)? [ ] No [ ] Yes [ ] Unknown
If yes, attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing).

Circle the test you intend to order.

Recommended first tier testing for hereditary cancer syndromes	
2012032	Cancer Panel, Hereditary, Sequencing and Deletion/Duplication, 47 Genes
2013449	Gastrointestinal Hereditary Cancer Panel, Sequencing and Deletion/Duplication, 16 Genes
2012026	Breast and Ovarian Hereditary Cancer Panel, Sequencing and Deletion/Duplication, 20 Genes
2010214	Renal Hereditary Cancer Panel, Sequencing and Deletion/Duplication, 15 Genes
Targeted testing for known mutation (submission of laboratory report from affected family member is REQUIRED)	
2001961	Familial Mutation, Targeted Sequencing – targeted testing for a known familial sequence mutation.

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

Master Label