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 LI-FRAUMENI (*TP53*) 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? ..... ☐ 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 germline variants in ~80% of individuals who meet classic LFS criteria. ~95% of *TP53* pathogenic variants are detectable by sequencing; ~1% are detectable by deletion/duplication analysis.

☐ **2001961 Familial Mutation, Targeted Sequencing**:
Tests for a sequencing variant previously identified in a family member; a copy of 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.