

**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.
- 2009302 Li-Fraumeni (TP53) Sequencing:**  
 Detects germline variants in ~80% of individuals who meet classic LFS criteria. ~95% of TP53 pathogenic variants are detectable by sequencing.
- 2001961 Familial Mutation, Targeted Sequencing:**  
 Tests for a mutation 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.**