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.

BIRT-HOGG-DUBÉ SYNDROME (BHDS) PATIENT HISTORY FORM

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

Sex Assigned at Birth: ☐ Female ☐ Male ☐ Intersex **Gender Identity (optional):** ☐ Female ☐ Male ☐_____

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

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

Genetic Counselor: _____ **Counselor's 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 clinical findings of BHDS? ..... ☐ No ☐ Yes (check all that apply) ☐ Unknown

☐ Acrochordons/skin tags ☐ Fibrofolliculomas (#: _____) ☐ Pulmonary cysts

☐ Cutaneous collagenomas ☐ Oral papules ☐ Trichodiscomas

☐ Epidermal cysts ☐ Pneumothrorax ☐ Thyroid nodules/cancer

☐ Renal tumor/cancer; histological type(s) and laterality: _____

☐ Other cancer(s)/symptom(s): _____

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

Has the patient undergone previous DNA testing for BHDS or other syndrome? ..... ☐ No ☐ Yes ☐ Unknown

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

Does this patient have *FLCN* 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 BHDS symptoms or known syndrome? ..... ☐ 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 variant testing).

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

Master Label