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 MULTIPLE ENDOCRINE NEOPLASIA TYPE 2 (MEN2) TESTING

Patient Name: _____ **Date of Birth:** _____ **Sex:** ☐ 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 symptoms? ☐ No ☐ Yes (check all that apply and describe)

☐ Medullary thyroid carcinoma (MTC) (age of onset: _____)
☐ Bilateral / ☐ Unilateral ☐ Monoclonal / ☐ Multifocal

☐ Pheochromocytoma (age of onset: _____)
☐ Bilateral / ☐ Unilateral

☐ Hyperparathyroidism (age of onset: _____)

☐ Parathyroid hyperplasia (age of onset: _____)

☐ Parathyroid adenoma (age of onset: _____)

☐ Hirschsprung disease

☐ Skeletal abnormalities (describe): _____

☐ Eye abnormalities (describe): _____

☐ Neuromas (describe): _____

☐ Other symptom(s): _____

Laboratory Findings

☐ Calcitonin.....	☐ Abnormal	☐ Normal	☐ Unknown
☐ Calcium.....	☐ Abnormal	☐ Normal	☐ Unknown
☐ Parathyroid hormone.....	☐ Abnormal	☐ Normal	☐ Unknown
☐ Catecholamines.....	☐ Abnormal	☐ Normal	☐ Unknown

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 genes, disorder, methodology, 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.

☐ **3004572 Multiple Endocrine Neoplasia Type 2 (MEN2), *RET* Sequencing:** Full sequencing of the *RET* gene with >95%, >98% and >88-95%, clinical sensitivity for MEN2A, MEN2B, and familial MTC, respectively.

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

Master Label

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