ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

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 fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR MULTIPLE ENDOCRINE NEOPLASIA TYPE 2 (*RET*) GENE TESTING

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

Physician: _____ Physician Phone: _____

Practice Specialty: _____ Physician Fax: _____

Genetic Counselor: _____ Counselor Phone: _____

Patient's Ethnicity (check all that apply)

☐ African-American ☐ Asian ☐ Hispanic ☐ Native American
☐ Ashkenazi Jewish ☐ Caucasian ☐ Middle Eastern ☐ Other: _____

Does the patient have a diagnosis of MEN2? ☐ Confirmed ☐ Suspected ☐ Unknown

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	☐ Not Performed
Calcium	☐ Abnormal	☐ Normal	☐ Unknown	☐ Not Performed
Parathyroid hormone	☐ Abnormal	☐ Normal	☐ Unknown	☐ Not Performed
Catecholamines	☐ Abnormal	☐ Normal	☐ Unknown	☐ Not Performed

Has the patient had an allogenic 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.

☐ **0051390** Multiple Endocrine Neoplasia Type 2 (MEN2), *RET* Gene Mutations by Sequencing:
Sequencing of *RET* exons 5, 8, 10, 11, 13–16 with 95%, 88%, and 98% clinical sensitivity for MEN2A, Familial MTC, and MEN2B respectively. Order for individuals with MTC and/or other findings suggestive of MEN2.

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

Master Label

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