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 PEUTZ-JEGHERS SYNDROME (PJS) 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 symptoms of Peutz-Jeghers syndrome? ☐ No ☐ Yes

Does the patient have polyps? ☐ No ☐ Yes ☐ Never Scoped ☐ Unknown

If yes, number of polyps: _____
Location(s): ☐ Colorectal ☐ Small bowel ☐ Gastric
Polyp histopathology: ☐ Adenomatous ☐ Hamartomatous ☐ Unknown ☐ N/A

Does the patient have hyperpigmented macules? ☐ No ☐ Yes (indicate locations below) ☐ Unknown

☐ Around mouth ☐ Around nostrils ☐ Buccal mucosa
☐ Around eyes ☐ Perianally ☐ Fingers
☐ Other location: _____

Has the patient been diagnosed with cancer? ☐ No ☐ Yes (check all that apply and describe)

☐ Breast (age:_____) ☐ Gastric (age:_____) ☐ Pancreatic (age:_____)
☐ Colorectal (age:_____) ☐ Ovarian (age:_____) ☐ Small intestine (age:_____)
☐ Other: _____ (age:_____)

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 test(s) 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.

☐ **2008398** Peutz-Jeghers Syndrome (*STK11*) Sequencing and Deletion/Duplication:
Clinical sensitivity is ~99% in individuals with a family history of PJS and ~91% in individuals without a family history of PJS.

☐ **2008394** Peutz-Jeghers Syndrome (*STK11*) Sequencing:
Clinical sensitivity is ~55% in individuals with a family history of PJS and ~70% in individuals without a family history of PJS.

☐ **2008377** Peutz-Jeghers Syndrome (*STK11*) Deletion/Duplication:
Clinical sensitivity is ~45% in individuals with a family history of PJS and ~21% in individuals without a family history of PJS.
Order if *STK11* sequencing is negative or if there is a known familial *STK11* large deletion/duplication.

☐ **2001961** Familial Mutation, Targeted Sequencing:
Tests for a mutation 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