

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/White 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.

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

2008377 Peutz-Jeghers Syndrome (*STK11*) Deletion/Duplication:
 Order if there is a known familial *STK11* large deletion/duplication; a copy of the
 relative's lab result is REQUIRED.



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