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 HEREDITARY CANCER PANEL

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

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

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

Genetic Counselor: _____ **Counselor Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List countries of origin (if known): _____

Has the patient been diagnosed with a tumor or cancer? ☐ No ☐ Yes (Check all that apply and indicate age of diagnosis.)

☐ Adrenal	(age _____)	☐ Nonmedullary thyroid	(age _____)
☐ Brain	(type/age _____)	☐ Ovarian	(age _____)
☐ Breast	(age _____)	☐ Pancreatic	(age _____)
☐ Colorectal	(age _____)	☐ Parathyroid	(age _____)
☐ Endometrial	(age _____)	☐ Pheochromocytoma	(age _____)
☐ Gastric	(age _____)	☐ Pituitary	(age _____)
☐ Leukemia	(age _____)	☐ Prostate	(age _____)
☐ Medullary thyroid	(age _____)	☐ Renal	(age _____)
☐ Melanoma	(age _____)	☐ Other: _____	

Has the patient undergone previous DNA testing for this condition? ..... ☐ No ☐ Yes ☐ Unknown

If yes, describe the genes, method, and results: _____

Is there any relevant family history of cancers or tumors? ..... ☐ 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). For assistance with test selection when a relative has been tested previously, please contact an ARUP Genetic Counselor at 800-242-2787 ext. 2141

Check the test you intend to order:

Multigene panel testing for hereditary cancer syndromes
(Specific genes in these panels may be available individually. See aruplab.com/genetics)

☐ **2012032 Hereditary Cancer Panel, Sequencing and Deletion/Duplication**

☐ **2013449 Hereditary Gastrointestinal Cancer Panel, Sequencing and Deletion/Duplication**

☐ **2012026 Hereditary Breast and Ovarian Cancer Panel, Sequencing and Deletion/Duplication**

☐ **2010214 Hereditary Renal Cancer Panel, Sequencing and Deletion/Duplication**

Targeted testing for known mutation

☐ **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.

Master Label

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