

THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 (MEN1) GENE TESTING PATIENT HISTORY FORM

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 a diagnosis of MEN1? Confirmed Suspected Unknown

Does the patient have symptoms? No Yes (check all that apply)

Endocrine tumor

Parathyroid
 Pituitary
 Gastro-entero-pancreatic (GEP):
 Gastrinoma
 Insulinoma
 Glucagonoma
 VIPoma
 Other: _____

Nonendocrine tumor

Facial angiofibroma
 Collagenoma
 Lipoma
 Ependymoma
 Leiomyoma
 Meningioma
 Other: _____

Parathyroid: Elevated Normal
Calcium: Elevated Normal
Prolactin: Elevated Normal
Gastrin: Elevated Normal
Cortisol: Elevated Normal
Insulin: Elevated Normal
Proinsulin: Elevated Normal
C-peptide: Elevated Normal
Other: _____

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.

3004437 Multiple Endocrine Neoplasia Type 1 (MEN1) Sequencing and Deletion/Duplication

2001961 Familial Mutation, Targeted Sequencing: Tests for sequence variant(s) previously identified in the family. Contact an ARUP genetic counselor at 800-242-2787 ext 2141 prior to test submission to discuss requirements.



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