

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

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

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 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: _____

Non-endocrine 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 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.

- 2005360 Multiple Endocrine Neoplasia Type 1 (MEN1), Sequencing and Deletion/Duplication:**
Sequence analysis and MLPA of *MEN1* coding regions; clinical sensitivity approaches 94%.
- 2005359 Multiple Endocrine Neoplasia Type 1 (MEN1), Sequencing:** Sequence analysis of *MEN1* coding regions; clinical sensitivity approaches 90%.
- 2001961 Familial Mutation, Targeted Sequencing:** Tests for a *MEN1* sequence change previously identified in a family member; a copy of relative's lab result is REQUIRED.
- 3003144 Deletion/Duplication Analysis by MLPA:** Tests for large deletion/duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED.

Master Label

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