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 MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 (*MEN1*) GENE TESTING

Patient Name _____ **Date of Birth** _____ **Sex** ☐ F ☐ M

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 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: _____

Laboratory findings

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.

Master Label

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