City of Hope™

Peiguo G. Chu, MD, PhD
Interim Chairman, CLIA #05D0665695

Juan-Sebastian Saldivar, MD, FACMG
Director of Molecular Diagnostics

Molecular Diagnostic Laboratory
1500 East Duarte Road
Northwest Building, Second Floor, Room 2236
Duarte, CA 91010-3000
Phone 888-826-4362 Fax 626-301-8142
mdl@coh.org http://mdl.cityofhope.org

CDH1 Patient Information Form

Providing the following clinical information is critically important in helping us to interpret genotype variations and to provide optimal genotype analysis on your patient:

1. General Information:

Name of Patient *First:* *Last:*	Ethnic origin: Asian ☐ Black or African ☐ Caucasian ☐ Hispanic ☐ Other ☐
Date of Birth:	Gender: Male ☐ Female ☐

2. Family Meets the Following Criteria:

- ☐ Two or more cases of gastric cancer in a family, with at least one diffuse gastric cancer diagnosed before age 50 years
- ☐ Three or more cases of gastric cancer in a family, diagnosed at any age, with at least one documented case of diffuse gastric cancer
- ☐ An individual diagnosed with diffuse gastric cancer before 45 years of age
- ☐ An individual diagnosed with both diffuse gastric cancer and lobular breast cancer
- ☐ One family member diagnosed with diffuse gastric cancer and another with lobular breast cancer
- ☐ One family member diagnosed with diffuse gastric cancer and another with signet ring colon cancer
- ☐ Other, please specify: _____

_____

3. Test ordered and indication (*check all that apply*):

- ☐ CDH1-SEQ (CDH1 gene, Full Mutation Analysis)
- ☐ CDH1-DEL-CAS (CDH1 gene, MLPA analysis, known mutation)
- ☐ CDH1-DEL (CDH1 gene, MLPA analysis)
- ☐ CDH1-DEL-PD (CDH1 gene, MLPA analysis, prenatal)
- ☐ CDH1-CAS (Carrier, Known Mutation Detection) (Indicate mutation and proband's identifier): _____
- ☐ CDH1-PD (Prenatal, Known Mutation Detection) (Indicate mutation and proband's identifier): _____

4. Proband: Clinical Diagnosis(es) and age(s) of onset

- ☐ Diffuse gastric cancer (*linitis plastica*) ☐ Intestinal gastric cancer ☐ Mixed Age of onset _____
- ☐ Lobular breast cancer ☐ Ductal breast cancer Age of onset _____
- ☐ Signet ring colon cancer Age of onset _____
- ☐ Other cancers, please specify: _____ Age of onset _____

5. Previous Lab Testing:

IHC: *Indicate Results*: _____
H. Pylori *Indicate Results*: _____
Other gene(s): *Indicate Gene(s) and Results*: _____

6. Family History:

Relation to Patient	Cancer Diagnosis(es)	Age(s) of Onset	Known carrier?

7. Please Attach Pedigree