

Cancer Patient Information Form

p53 and *CHEK2* mutation analysis

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| Name of Patient | Ethnic origin: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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) Family Meets the Following Criteria:

- Li Fraumeni Syndrome (LFS)** (*proband w/ sarcoma <45 yrs AND 1st-degree relative w/ cancer <45 yrs AND 1st- or 2nd-degree w/ cancer <45 yrs or a sarcoma at any age*)
- Chompret Criteria** (*(1) proband w/ sarcoma, brain tumor, breast cancer, or ACC before 36, w/ ≥ one first or second degree relative with cancer (other than breast cancer if the proband has breast cancer) under 46 or a relative w/ multiple primaries at any age; (2) proband w/ multiple primary tumors, two of which are sarcoma, brain tumor, breast cancer, and/or ACC, with the initial cancer occurring before 36, regardless of family history; or (3) proband w/ ACC at any age of onset, regardless of the family history*)
- Birch's Criteria (LFL)** (*proband w/ childhood cancer or sarcoma, brain tumor, or adrenal cortical tumor <45 yrs AND 1st- or 2nd-degree relative w/ typical LFS cancer at any age AND 1st- or 2nd-degree relative w/ any cancer <60 yrs*)
- Eeles's Criteria (LFL)** (*Two 1st- or 2nd-degree relatives w/ LFS-related cancers at any age*)
- None:** (*indicate why testing is still warranted*) _____

(2) Test ordered and indication (check all that apply):

- Full Sequencing: (indicate): *p53* *CHEK2*
- Dosage analysis: (indicate): *p53* *CHEK2* (*exons 9-10 Czech/Slovak founder mutation*)
- Known Mutation Detection: (indicate mutation and proband's identifier): _____

(3) Previous Genetic Testing:

Indicate Gene(s) and Results: _____

(4) Patient:

Cancer Diagnosis(es) and age(s): _____

(5) If patient has breast cancer: ER: pos neg PR: pos neg HER2/neu: pos neg

(6) Family History:

| Relation to Patient | Cancer Diagnosis(es) | Age(s) of Onset | Known carrier? |
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(attach another sheet if needed)

(7) Please Attach Pedigree