City of Hope

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General Cancer Patient Information Form

Name of Patient	Ethnic origin: Asian ☐ Black or African ☐ Caucasian ☐ Hispanic ☐ 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) Test ordered and indication (*check all that apply*):

☐Full Sequencing: ☐Breast_Cancer-SEQ (*PTEN*, *STK11*, *CHEK2*, *TP53*, *PALB2*, *ATM* and *CDH1*)
☐*APC* ☐*PALB2* ☐*MUTYH* ☐*STK11*

☐MLPA : ☐*APC* ☐*STK11*

☐Known Mutation Detection: (indicate mutation and proband's identifier):_____
_____

(2) Previous Genetic Testing:
Indicate Gene(s) and Results:_____
_____

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

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

(5) Family History:

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

(attach another sheet if needed)

(6) Please Attach Pedigree (if possible**)**