

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 <i>First:</i> _____ <i>Last:</i> _____	Ethnic origin: Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

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 (CDH1 gene, MLPA analysis)
- CDH1-CAS (Carrier, Known Mutation Detection) (Indicate mutation and proband's identifier): _____
- CDH1-DEL-CAS (CDH1 gene, MLPA analysis, known mutation) : _____

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