

PTEN Patient Information Form

Name of Patient	Ethnic origin: Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>
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Providing the following clinical information is important in helping us to interpret genotype variations and to provide optimal genotype analysis on your patient:

(1) Clinical Diagnosis (please check all that apply) (adapted from NCC Practice Guidelines in Oncology v.1.2010)

<u>Major criteria</u> <input type="checkbox"/> Breast cancer <input type="checkbox"/> Lhermitte-Duclos disease <input type="checkbox"/> Macrocephaly <input type="checkbox"/> Non- medullary thyroid cancer <input type="checkbox"/> Multiple GI hamartomas or ganglioneuromas <input type="checkbox"/> Endometrial (uterine) cancer <input type="checkbox"/> Pigmented macules of glans penis <input type="checkbox"/> One biopsy proven trichilemmoma <input type="checkbox"/> Multifocal or extensive oral mucosal papillomatosis <input type="checkbox"/> Multiple cutaneous facial papules <input type="checkbox"/> Clinical diagnosis of proteus or proteus like syndrome	<u>Minor criteria:</u> <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Mental retardation <input type="checkbox"/> Other thyroid lesions (eg, goiter, nodule(s) adenoma) <input type="checkbox"/> Breast papilloma <input type="checkbox"/> Fibroma <input type="checkbox"/> Lipomas <input type="checkbox"/> Uterine fibroid(s) <input type="checkbox"/> Renal cell (kidney) cancer <input type="checkbox"/> Single GI hamartoma or ganglioneuroma
<u>Other cancer diagnosis or clinical features –</u> <div style="height: 40px; border: 1px solid black;"></div>	

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

- ☐ *PTEN* full gene sequencing
 ☐ *PTEN*-del (MLPA analysis)
- ☐ Known Mutation Detection: (indicate mutation and proband's identifier): _____

(3) Previous Genetic Testing:

Indicate Gene(s) and Results: _____

(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?

(attach another sheet if needed)

(7) Please Attach Pedigree