



CLINICAL INFORMATION IS REQUIRED for PGnome®, PGxome®, and PGmax™ panels.

Orders **MUST** include the completed clinical features checklist (preferred) or clinical notes/records. Completion of the checklist is strongly encouraged for all panel testing. The ability to interpret variants directly correlates with the quality of clinical information provided. Also include family medical history/pedigree, if available.

CLINICAL FEATURES

PERSON COMPLETING FORM	CONTACT (DIRECT PHONE OR EMAIL)	DATE OF REQUEST (MM/DD/YYYY)
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PATIENT INFORMATION

LAST (FAMILY) NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)
PATIENT ID	HAS PATIENT BEEN TESTED PREVIOUSLY AT PREVENTIONGENETICS? <input type="checkbox"/> NO <input type="checkbox"/> YES, PG ID# _____		BIOLOGICAL SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <small>SPECIFY KARYOTYPE _____</small>

CLINICAL INFORMATION (CHECK ALL THAT APPLY)

<p>PRE/PERINATAL</p> <input type="checkbox"/> Abnormality of septum pellucidum <input type="checkbox"/> Absent septum pellucidum <input type="checkbox"/> Cavum septum pellucidum <input type="checkbox"/> Choroid plexus cyst (CPC) <input type="checkbox"/> Absent nasal bone <input type="checkbox"/> Congenital heart defect <input type="checkbox"/> Intracardiac echogenic focus (IEF) <input type="checkbox"/> Cystic hygroma <input type="checkbox"/> Increased nuchal translucency, Size (mm): _____ <input type="checkbox"/> Pleural effusion <input type="checkbox"/> Pericardial effusion <input type="checkbox"/> Generalized edema <input type="checkbox"/> Fetal ascites <input type="checkbox"/> Hydrops fetalis <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Absent stomach bubble <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Echogenic bowel <input type="checkbox"/> Fetal pyelectasis/hydronephrosis <input type="checkbox"/> Decreased fetal movement <input type="checkbox"/> Encephalocele <input type="checkbox"/> Myelomeningocele/Spina bifida <input type="checkbox"/> Sacrococcygeal teratoma <input type="checkbox"/> Intrauterine growth retardation (IUGR) <input type="checkbox"/> Small for gestational age (SGA) <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Short long bones <input type="checkbox"/> Small thorax <input type="checkbox"/> Fetal demise <input type="checkbox"/> Prematurity, Gestational Age: _____ <input type="checkbox"/> Other: _____	<p>STRUCTURAL BRAIN ABNORMALITIES / IMAGING</p> <input type="checkbox"/> Abnormal/delayed myelination <input type="checkbox"/> Abnormality of basal ganglia <input type="checkbox"/> Abnormality of brainstem <input type="checkbox"/> Abnormality of white matter: <input type="checkbox"/> Periventricular <input type="checkbox"/> Other: _____ <input type="checkbox"/> Abnormality of cerebral ventricles: <input type="checkbox"/> Colpocephaly <input type="checkbox"/> Hydrocephalus <input type="checkbox"/> Ventriculomegaly <input type="checkbox"/> Abnormality of corpus callosum morphology: <input type="checkbox"/> Agenesis <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Aplasia/hypoplasia <input type="checkbox"/> Aplasia/hypoplasia of cerebellar vermis <input type="checkbox"/> Aplasia/hypoplasia of cerebellum <input type="checkbox"/> Arnold-Chiari malformation: <input type="checkbox"/> Type I <input type="checkbox"/> Cerebral atrophy/hypoplasia <input type="checkbox"/> Cerebral calcification <input type="checkbox"/> Holoprosencephaly <input type="checkbox"/> Intraventricular hemorrhage <input type="checkbox"/> Preterm Intraventricular hemorrhage <input type="checkbox"/> Iron deposition <input type="checkbox"/> Leukodystrophy <input type="checkbox"/> Neuronal migration abnormality <input type="checkbox"/> Cortical gyration <input type="checkbox"/> Gray matter heterotopia <input type="checkbox"/> Other: _____ <p>DEVELOPMENTAL/ BEHAVIORAL</p> <input type="checkbox"/> Aggressive/violent behavior <input type="checkbox"/> Anxiety <input type="checkbox"/> Attention-deficit hyperactivity disorder <input type="checkbox"/> Autistic behavior <input type="checkbox"/> Autism/autism spectrum disorder	<input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Delayed fine motor development <input type="checkbox"/> Delayed gross motor development <input type="checkbox"/> Developmental regression <input type="checkbox"/> Gait disturbance Specify: _____ <input type="checkbox"/> Global developmental delay <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Incoordination <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/profound <input type="checkbox"/> Learning disability <input type="checkbox"/> Language impairment <input type="checkbox"/> Absent speech <input type="checkbox"/> Apraxia <input type="checkbox"/> Articulation difficulties <input type="checkbox"/> Delayed speech and language development <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Dysarthria <input type="checkbox"/> Echolalia <input type="checkbox"/> Loss of speech <input type="checkbox"/> Memory impairment <input type="checkbox"/> Obsessive-compulsive behavior <input type="checkbox"/> Self-injurious behavior: <input type="checkbox"/> Biting <input type="checkbox"/> Head-banging <input type="checkbox"/> Skin picking <input type="checkbox"/> Sensory processing disorder/ neurodevelopmental abnormality <input type="checkbox"/> Sleep disturbance <input type="checkbox"/> Stereotypy <input type="checkbox"/> Recurrent hand flapping <input type="checkbox"/> Stereotypical hand wringing <input type="checkbox"/> Other: _____ <p>NEUROLOGICAL</p> <input type="checkbox"/> Abnormality of nervous system <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis	<input type="checkbox"/> Bradykinesia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Chorea <input type="checkbox"/> Cortical visual impairment <input type="checkbox"/> Dementia <input type="checkbox"/> Dysarthria <input type="checkbox"/> Dyskinesia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Dystonia <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Gait disturbance, Specify: _____ <input type="checkbox"/> Headache <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Hypotonia <input type="checkbox"/> Hypertonia <input type="checkbox"/> Infantile spasms <input type="checkbox"/> Migraine <input type="checkbox"/> Myoclonus <input type="checkbox"/> Neuropathy <input type="checkbox"/> Peripheral <input type="checkbox"/> Sensory <input type="checkbox"/> Parkinsonism/Parkinson Disease <input type="checkbox"/> Seizures, Type: _____ <input type="checkbox"/> Spasticity <input type="checkbox"/> Syncope <input type="checkbox"/> Tremors <input type="checkbox"/> Vertigo <input type="checkbox"/> Other: _____ <p>CRANIOFACIAL/ DYSMORPHISM</p> <input type="checkbox"/> Abnormal facial shape, Specify: _____ <input type="checkbox"/> Abnormality of incisors, Specify: _____ <input type="checkbox"/> Ala nasi <input type="checkbox"/> Cleft <input type="checkbox"/> Thick <input type="checkbox"/> Underdeveloped <input type="checkbox"/> Anteverted nares <input type="checkbox"/> Brachycephaly
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PATIENT	
LAST NAME	
FIRST NAME	MI

- Chin abnormality, Specify: _____
- Cleft lip:
 - Unilateral
 - Bilateral
 - Midline
- Cleft palate:
 - Unilateral
 - Bilateral
 - Midline
 - Submucous cleft
- Cloverleaf skull
- Columella abnormality:
 - Broad
 - High insertion
 - Low hanging
 - Low insertion
 - Short
- Craniosynostosis:
 - Coronal
 - Lambdoidal
 - Metopic
 - Orbital
 - Sagittal
- Dolichocephaly
- Face abnormality:
 - Broad
 - Coarse facial features
 - Flat
 - Long
 - Narrow
 - Round
 - Short
 - Square
 - Triangular
- Forehead abnormality:
 - Broad
 - Narrow
 - Prominent
 - Sloping
 - Creases
- Frontal bossing
- Jaw abnormality:
 - Broad
 - Narrow
- Lip vermilion abnormality
- Lip abnormality:
 - Pit
 - Thin
 - Thick
 - Tented
 - Exaggerated cupid's bow
 - Absent cupid's bow
- Malar abnormality:
 - Flattening
 - Prominence
- Midface abnormality:
 - Flat
 - Prominence
 - Retrusion
- Macrocephaly:
 - Relative
 - True
- Metopic suture abnormality:
 - Depression
 - Ridge

- Microcephaly
- Micrognathia
- Nasal base abnormality:
 - Narrow
 - Wide
- Nasal bridge abnormality:
 - Depressed
 - Narrow
 - Prominent
 - Short
 - Wide
- Nasal cartilage, absent
- Nasal ridge abnormality:
 - Depressed
 - Narrow
 - Wide
- Nasal tip abnormality:
 - Bifid
 - Broad
 - Depressed
 - Deviated
 - Narrow
 - Overhanging
- Nasolabial fold abnormality:
 - Prominent
 - Underdeveloped
- Neck abnormality:
 - Broad
 - Long
 - Webbed
 - Short
 - Redundant nuchal skin
- Nose abnormality:
 - Absent
 - Bifid
 - Long
 - Narrow
 - Prominent
 - Short
 - Wide
- Occiput abnormality:
 - Flat
 - Prominent
- Plagiocephaly
- Philtrum abnormality:
 - Broad
 - Deep
 - Hypoplastic
 - Long
 - Narrow
 - Smooth
 - Short
 - Tented
- Proboscis
- Prognathism
- Retrognathia
- Scaphocephaly
- Supraorbital ridge abnormality:
 - Prominent
 - Underdeveloped
- Trionocephaly
- Turricephaly
- Other: _____

- EYES/VISION**
- Age of onset of vision issues: _____
- Abnormality of eye movement
 - Esotropia
 - Exotropia
 - Nystagmus
 - Smooth pursuit
 - Strabismus
 - Other: _____
 - Abnormality of vision, Specify: _____
 - Abnormal anterior eye segment morphology
 - Ablepharon
 - Achromatopsia
 - Aniridia
 - Ankyloblepharon
 - Anophthalmia
 - Blepharochalasis
 - Blepharophimosis
 - Cataracts
 - Cataracts, congenital
 - Coloboma
 - Corneal opacity
 - Corneal dystrophy
 - Cone/cone-rod dystrophy
 - Congenital stationary night blindness
 - Cryptophthalmos
 - Deeply set eyes
 - Distichiasis
 - Dyschromatopsia (color blindness)
 - Ectopia lentis
 - Ectropion
 - Entropion
 - Epiblepharon
 - Epicanthus/epicanthal folds
 - Epicanthus inversus
 - Eyebrow abnormality:
 - Broad
 - Highly arched
 - Horizontal
 - Sparse
 - Thick
 - Eyelash abnormality:
 - Absent
 - Long
 - Prominent
 - Sparse
 - Eyelid cleft
 - External ophthalmoplegia
 - Progressive
 - Glaucoma
 - Infraorbital abnormality:
 - Crease
 - Fold
 - Iris abnormality, Specify: _____
 - Lagophthalmos
 - Leber optic atrophy
 - Lens subluxation

- Macular abnormality, Specify: _____
 - Macular dystrophy
 - Microphthalmia
 - Myopia
 - Ocular albinism
 - Optic atrophy
 - Optic neuropathy
 - Palpebral fissure abnormality:
 - Downslanted
 - Upslanted
 - Long
 - Short
 - Almond-shaped
 - Ptosis
 - Retinal flecks
 - Retinal detachment
 - Retinitis pigmentosa
 - Synophrys
 - Telecanthus
 - Other: _____
- EARS/HEARING**
- Age of onset of hearing loss: _____
- Hearing impairment
 - Sensorineural
 - Congenital
 - Bilateral
 - Progressive
 - Conductive
 - Congenital
 - Bilateral
 - Progressive
 - Mixed
 - Anotia
 - Abnormal newborn screen, Specify: _____
 - Antihelix abnormality:
 - Absent
 - Additional crus
 - Angulated
 - Inferior crus broad
 - Inferior crus prominent
 - Inferior crus underdeveloped
 - Superior crus prominent
 - Superior crus underdeveloped
 - Antitragus abnormality:
 - Absent
 - Bifid
 - Everted
 - Prominent
 - Underdeveloped
 - Ear abnormality:
 - Abnormality of the tragus
 - Auricular pit
 - Crumpled
 - Cupped
 - Long
 - Low-set
 - Posteriorly rotated
 - Preauricular pit
 - Protruding
 - Short
 - Satyr
 - Tag

PATIENT	
LAST NAME	
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- Helix abnormality:
 - Cleft / Notching
 - Crimped
 - Darwin notch
 - Darwin tubercle
 - Notching
 - Overfolded
 - Prominent
 - Thin
- Lobe abnormality:
 - Cleft
 - Forward-facing
 - Large
 - Small
 - Uplifted
- Macrotia
- Other: _____

ENDOCRINE

- Adrenal insufficiency (Addison)
- Androgen excess
- Androgen insensitivity
- Congenital adrenal hypoplasia
- Congenital adrenal hyperplasia
- Delayed bone age
- Delayed puberty
- Diabetes insipidus
- Diabetes Mellitus
- Hyperandrogenism
- Hyperglycemia
- Hyperphosphatemia
- Hyperthyroidism
- Hypoglycemia
- Hypophosphatemia
- Hypothyroidism
- Increased cortisol level (Cushing)
- Maturity-onset diabetes of the young
- Precocious puberty
- Rickets
- Other: _____

RESPIRATORY

- Asthma
- Bronchiectasis
- Bronchomalacia
- Hyperventilation
- Hypoventilation
- Laryngomalacia
- Laryngeal cleft
- Pneumothorax
- Pulmonary fibrosis
- Respiratory insufficiency
- Tracheomalacia
- Tracheoesophageal fistula
- Other: _____

HEMATOLOGIC/IMMUNOLOGIC

- Agammaglobulinemia
- Allergic rhinitis
- Anemia
- Hemolytic anemia
- Immunodeficiency, Specify: _____

- Lymphopenia
- Neutropenia
- Pancytopenia
- Recurrent infections
- Severe combined immunodeficiency
- Thrombocytopenia
- Other: _____

SKIN/HAIR

- Abnormal blistering of the skin, Specify: _____
- Abnormality of nail:
 - Broad
 - Deep-set
 - Pits
- Albinism
- Alopecia
- Anhidrosis
- Cafe-au-lait spot:
 - Single
 - Multiple
- Coarse hair
- Collodion baby
- Cutaneous photosensitivity
- Cutis laxa
- Dry skin
- Eczema
- Erythematous skin
- Hemangioma
- Hairline:
 - Anterior
 - Low
 - High
 - Posterior
 - Low
 - High
- Hyperextensible skin
- Hyperpigmentation of the skin
- Hypopigmentation of the skin
- Hypohidrosis
- Ichthyosis
- Jaundice
- Lipoma
- Lymphedema
- Palmoplantar keratoderma
- Scarring of skin
- Skin rash
- Sparse hair
- Telangiectasia
- Vascular skin abnormality
- Velvety skin
- Other: _____

- Hyperextensible skin
- Hyperpigmentation of the skin
- Hypopigmentation of the skin
- Hypohidrosis
- Ichthyosis
- Jaundice
- Lipoma
- Lymphedema
- Palmoplantar keratoderma
- Scarring of skin
- Skin rash
- Sparse hair
- Telangiectasia
- Vascular skin abnormality
- Velvety skin
- Other: _____

CARDIAC

- Amyloidosis
- Aortic root dilatation
- Arrhythmia
- Atrial septal defect
- Atrioventricular canal defect
- Arrhythmogenic right ventricular dysplasia
- Bicuspid aortic valve

- Bradycardia
- Coarctation of the aorta
- Congenital heart defect
- Dilated cardiomyopathy
- Double outlet right ventricle
- Ebstein anomaly
- Heterotaxy
- Hypertension
- Hypertrophic cardiomyopathy
- Mitral valve prolapse
- Noncompaction cardiomyopathy
- Patent ductus arteriosus
- Patent foramen ovale
- Prolonged QTc interval
- Pulmonary hypertension
 - Arteria
 - Vascular
- Sudden death
- Tetralogy of Fallot
- Transposition of the great vessels
- Truncus arteriosus
- Ventricular septal defect
- Ventricular tachycardia
- Other: _____

GASTROINTESTINAL

- Biliary atresia
- Cholestasis
- Constipation:
 - Acute
 - Chronic
- Diarrhea
- Diaphragmatic hernia
- Duodenal stenosis/atresia
- Esophageal stenosis/atresia
- Exocrine pancreatic insufficiency
- Failure to thrive
- Feeding difficulties
- Gastroesophageal reflux
- Gastroschisis
- Hepatomegaly
- Hepatosplenomegaly
- Inflammatory bowel disease
- Jaundice
- Liver disease
- Liver failure
- Nausea
- Omphalecele
- Pancreatitis
- Pyloric stenosis
- Splenomegaly
- Tracheoesophageal fistula
- Tube feeding
 - Nasogastric
 - Gastrostomy
 - Gastrojejunal
- Umbilical hernia
- Vomiting
- Other: _____

GENITOURINARY

- Abnormality of the uterus, Specify: _____
- Ambiguous genitalia
- Chordee
- Cryptorchidism
- Duplicated collecting system
- Horseshoe kidney
- Hydronephrosis
- Hypospadias/epispadias
- Inguinal hernia
- Micropenis
- Multicystic kidney dysplasia
- Nephrolithiasis
- Polycystic kidney disease
- Renal agenesis/hypoplasia
 - Unilateral agnensis
 - Bilateral agnensis
 - Unilateral hypoplasia
 - Blateral hypoplasia
- Sex reversal
- Vesicoureteral reflux
- Other: _____

MUSCULOSKELETAL

- Abnormal connective tissue
- Abnormal digit morphology
 - Broad
 - Short
 - Clinodactyly
 - Ectrodactyly
 - Oligodactyly
 - Polydactyly
 - Postaxial
 - Preaxial
 - Syndactyly
- Arachnodactyly
- Arthralgia
- Arthrogryposis
- Bruising susceptibility
- Chest abnormality:
 - Small chest
 - Barrel-shaped
 - Bell-shaped thorax
 - Pectus carinatum
 - Pectus excavatum
- Contractures of joint(s)
- Decreased muscle mass
- Delayed bone age
- Dolichostenomelia
- Exercise intolerance
- Fatigue
- Fracture(s)
- Hemihypertrophy
- Hypertonia
- Hypotonia
- Joint hypermobility
- Kyphosis
- Limb shortening:
 - Mesomelic
 - Micromelic
 - Rhizomelic
- Metaphyseal abnormalities:
 - Dumbbell

PATIENT	
LAST NAME	
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- Flared
- Muscle weakness
- Myalgia
- Myopathic facies
- Myopathy
- Myelomeningocele/Spina Bifida/Neural Tube Defect
- Osteoarthritis
- Osteoporosis
- Osteopenia
- Pain:
 - Absent/decreased
 - Abnormal sensation
 - Episodic
 - Limb
 - Muscle
- Platyspondyly
- Recurrent fractures
- Rhabdomyolysis
- Rib abnormality:
 - Cupped
 - Fused
 - Supernumerary
 - Missing
 - Short
 - Spatulate

- Other: _____
- Rickets
- Scoliosis
- Short stature
- Skeletal dysplasia
- Talipes
 - Equinovarus
 - Other: _____
- Tall stature
- Thoracic dysplasia
- Thumb abnormality:
 - Adducted
 - Broad
 - Triphalangeal
- Vertebral bodies, abnormal form
 - Aplasia/hypoplasia
 - Butterfly
 - Fusion
 - Hemivertebrae
- Other: _____

VASCULAR SYSTEM

- Aneurysm
- Aortic:
 - Abdominal
 - Dissecting
 - Thoracic

- Cerebral
 - Other: _____
- Arterial calcification
- Arterial dissection
- Arterial tortuosity
- Arteriovenous malformation
- Epistaxis
- Lymphedema
- Pulmonary hypertension:
 - Arterial
 - Vascular
- Stroke
- Other: _____

OTHER TESTING

Provide copy of report(s)

- Echocardiogram: _____
- EEG: _____
- EMG/NCV: _____
- Biopsy: _____
- Gene testing: _____
- Results: _____

If you would like us to comment on the presence/absence of previously identified variants, provide a copy of the original report.

- Chromosomal Microarray (CMA): _____
- MRI brain: _____
- MRI (other): _____
- CT brain: _____
- CT (other): _____
- Muscle biopsy: _____
- Ultrasound: _____
- X-Ray: _____

METABOLIC FINDINGS • Attach relevant lab reports and values.

- Abnormal newborn screen
Specify: _____

Abnormal metabolic profile

(please check each metabolite outside normal limits)

- Acylcarnitine _____
- Acylglycines _____
- Amino Acids _____
- Amylase _____
- Biotindase _____
- Carnitine _____
- Cerebrospinal fluid _____
- Coenzyme/enzyme activity _____
- Creatine phosphokinase (CPK) _____
- Essential fatty acids _____
- Folate _____
- Hepatic Transaminase _____
- Homocysteine _____
- Hormones _____
- Ketones _____
- Lactic acidosis _____
- Lipase _____
- Lipoproteins _____
- Lysosomal enzymes _____

- Mucopolysaccharides _____
- Oligosaccharides _____
- Porphyrin _____
- Pterins _____
- Purines _____
- Pyrimidine _____
- Pyruvate _____
- Serum alpha fetoprotein (AFP) _____
- Sterols/Oxysterols _____
- Transferrin _____
- Uric acid _____
- Very long chain fatty acids (VLCFA) _____

Abnormal vitamin levels

(please check each vitamin measuring outside normal limits)

- Copper _____
- Magnesium _____
- Manganese _____
- Vitamin B6 _____
- Vitamin B12 _____
- Vitamin D _____
- Zinc _____
- Other _____

Other metabolic features

- Abnormal cerebrospinal fluid (CSF) studies _____
- Abnormal glycosylation _____
- Abnormal mitochondrial respiratory chain activity _____
- Hyperammonemia _____
- Hyperbilirubinemia _____
- Hyperglycemia _____
- Hyperlipidemia _____
- Hypoglycemia _____
- Hypolipidemia _____
- Plasma _____
- Urine _____
- Lactic Acidosis _____
- Metabolic Acidosis _____
- Methylmalonic aciduria _____
- Methylmalonic acidemia _____



PATIENT	
LAST NAME	
FIRST NAME	MI

CANCER HISTORY

Patient Information

<input type="checkbox"/> No personal history of cancer <input type="checkbox"/> Breast Age of diagnosis: _____ <input type="checkbox"/> Triple-Negative (ER, PR, Her2 negative) <input type="checkbox"/> DCIS (Ductal Carcinoma In Situ) <input type="checkbox"/> DC (Invasive Ductal Carcinoma) <input type="checkbox"/> ILC (Invasive Lobular Carcinoma) <input type="checkbox"/> Bilateral / >1 Primary	<input type="checkbox"/> Ovarian/Fallopian Tube / Primary Peritoneal Age of diagnosis: _____ <input type="checkbox"/> Colorectal Age of diagnosis: _____ MSI/IHC results: _____ <input type="checkbox"/> Endometrial / Uterine Age of diagnosis: _____ MSI/IHC results: _____	<input type="checkbox"/> Pancreatic Age of diagnosis: _____ <input type="checkbox"/> Prostate Age of diagnosis: _____ Metastatic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Gleason Score _____ Polyps Age of diagnosis: _____ Number of polyps: _____ Pathology details: _____	Other Age of diagnosis: _____ Details: _____ _____ _____ _____ _____ _____
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Family History of Cancer or Include Pedigree

No known family history of cancer
 Limited Family Structure Limited family history available such as fewer than two female first or second-degree maternal or paternal relatives having lived beyond age 45

Ashkenazi Jewish NO YES, Maternal Yes, Paternal Unknown

RELATION TO PATIENT	SELECT	CANCER / POLYP TYPE / GLEASON SCORE	AGE OF DIAGNOSIS	UNAVAILABLE FOR TESTING	RELATIVE IS DECEASED	PATIENT HAS NO CONTACT WITH RELATIVE	RELATIVE DECLINES TESTING
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAST FAMILY GENETIC TESTING NO previous testing in family. YES, Include Germline, Somatic or Tumor testing results. *Describe or attach copies of report.*

KNOWN FAMILIAL VARIANT: GENE _____ VARIANT _____

PEDIGREE

Use this area to include a pedigree and/or additional relevant medical/family history.