



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and **send this paperwork with the specimen.**

Patient Information

Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Provider Name <i>(Last, First)</i>	Phone	Fax*
Genetic Counselor Name <i>(Last, First)</i>	Phone	Fax*

* Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Diagnosis/Suspected Diagnosis
 Carney complex (CNC) Acrodysostosis-1 with hormone resistance Other, specify: _____

Clinical Information

Indicate if the following are present:

Tumors
 Myxoma; if present, indicate locations: Cardiac Skin Breast Oropharynx Genital tract
 Primary pigmented nodular adrenocortical disease (PPNAD)
 Large-cell calcifying Sertoli cell tumor (LCCSCT)
 Thyroid nodules/Thyroid adenoma/Thyroid carcinoma
 Growth hormone-producing adenoma
 Psammomatous melanotic schwannoma (PMS)
 Breast ductal adenoma
 Other, specify: _____

Skeletal
 Short stature Brachycephaly Short, broad hands Advanced bone age Acromegaly
 Other, specify: _____

Developmental
 Developmental delay Other, specify: _____

Cutaneous
 Lentiginos Pigmented nevi Blue nevi Other, specify: _____

Endocrine
 Hormone resistance Irregular menses Hypogonadism Other, specify: _____

Indicate any additional features present: _____

Ethnic Background

Ethnic background may assist with interpretation of test results. Check all that apply.
 European/Caucasian African American Hispanic Asian Other, specify: _____
 Attach pedigree if available.

Family History

Are other relatives known to be affected? Yes No
 If yes, indicate their diagnosis and relationship to the patient: _____

Have other relatives had molecular genetic testing? Yes No

For known variant test requests, order 1 of the following:
 KVAR1 / Known Variant Analysis-1 Variant, Varies
 KVAR2 / Known Variant Analysis-2 Variants, Varies
 KVAR3 / Known Variant Analysis-3 Variants, Varies

New York State patients: Informed Consent for Genetic Testing is required.