

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Familial Cerebral Cavernous Malformation (CCM) testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR FAMILIAL CEREBRAL CAVERNOUS MALFORMATION (CCM) TESTING

Patient's Name _____ Date of Birth ____/____/____ Gender F M

Physician _____ Physician Phone (____) _____ Practice Specialty _____

Genetic Counselor _____ Counselor Phone (____) _____

Patient's Ethnicity (check all that apply)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Ashkenazi Jewish | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

Does the patient have SYMPTOMS? No Yes **If yes, check all that apply**

- Cerebral Cavernous Malformation(s)/Angioma(s) (number): _____
- Other Vascular Lesion(s) (type and location): _____
- Other _____

Has the patient undergone previous DNA testing for CCM? No Yes

If yes, please check completed test(s) and provide result below or attach report.

- CCM1: Sequencing Deletion/Duplication Result: _____
- CCM2: Sequencing Deletion/Duplication Result: _____
- CCM3: Sequencing Deletion/Duplication Result: _____

Does the patient have a FAMILY HISTORY of CCM? No Yes Unknown

If yes, **please attach PEDIGREE** or specify the RELATIONSHIP of the symptomatic family member(s) to the patient and detail the manifestations in each. _____

Circle the test you intend to order.

2003164 Cerebral Cavernous Malformation (CCM1) Sequencing with Reflex to (CCM1, CCM2 and CCM3) Deletion/Duplication with Reflex to (CCM2) Sequencing and Reflex to (CCM3) Sequencing. Clinical sensitivity ~85%.

2003152 Cerebral Cavernous Malformation (CCM1) Sequencing. Clinical sensitivity ~40% .

2003156 Cerebral Cavernous Malformation (CCM2) Sequencing. Clinical sensitivity ~15% .

2003160 Cerebral Cavernous Malformation (CCM3) Sequencing. Clinical sensitivity 5-10%.

2003172 Cerebral Cavernous Malformation (CCM1, CCM2 and CCM3) Deletion/Duplication. For patients with negative CCM1 sequencing result. Clinical sensitivity 20-25%. **Also order for familial CCM1, CCM2 or CCM3 large deletion or duplication testing.**

2001961 Familial Mutation, Targeted Sequencing. A copy of a relatives genetic test result is REQUIRED.

For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141

Master Label