

SMARCB1 (Alias: INI1) PHENOTYPIC CHECKLIST FORM – UAB MEDICAL GENOMICS LABORATORY

Referring Physician: _____ Date of Exam ___/___/___

DEMOGRAPHIC INFORMATION

Gender : Male Female

Date of Birth: ___/___/___

Ethnicity: Mother: White African-American Native American Hispanic Asian Other
Father: White African-American Native American Hispanic Asian Other

AT/RT (Atypical Teratoid/Rhabdoid Tumor predisposition syndrome)-related phenotypic checklist
To be completed if AT/RT is suspected

Clinical history relevant to tumor:

Date of surgery:

Treatment prior to surgery may impact the quality of genetic testing on the tumor specimen (e.g. chemotherapy). Please specify:

Location of the tumor: Brain
 Kidney
 Spine
 Cerebral spinal fluid
 Other, please specify:

Result *SMARCB1*-staining on the tumor specimen: Abnormal (no *SMARCB1*-staining)
 Normal (*SMARCB1* staining)
 Unknown

Family history: Sporadic Familial Unknown

If familial, specify location and type of tumor(s) in family members:

