ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform *G6PD* deficiency testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR *G6PD* DEFICIENCY TESTING

Patient Name _____ Date of Birth _____/_____ /_____ Gender [ ] F [ ] M

Physician _____ Physician Phone (_____)_____Practice Specialty_____

Genetic Counselor _____ Counselor Phone (_____)_____

Patient's Ethnicity (check all that apply)

[ ] African American
[ ] African (specify region_____)
[ ] Chinese
[ ] Filipino
[ ] Other _____
[ ] Caucasian (N Europe)
[ ] Caucasian (Mediterranean)
[ ] Taiwanese
[ ] Asian Indian
[ ] Middle Eastern
[ ] Papua New Guinea
[ ] Thai
[ ] Hispanic

Did the patient have an abnormal NEWBORN SCREEN for *G6PD* deficiency? [ ] No [ ]Yes
If yes, describe result_____

Does the patient have SYMPTOMS? [ ] No [ ] Yes **If yes, check all that apply:**
[ ] Acute hemolytic anemia after exposure to oxidative stress (infection/certain medications/fava beans)
[ ] Chronic non-spherocytic hemolytic anemia
[ ] Jaundice or hyperbilirubinemia [ ] Splenomegaly [ ] Cholelithiasis
[ ] Other _____

Has the patient undergone previous DNA testing for *G6PD* deficiency? [ ] No [ ] Yes [ ] Unknown
If yes, please describe test(s) and results_____

Has other lab testing been performed?

G6PD quantitative enzyme level	[ ] Normal	[ ] Abnormal	[ ] Unknown	[ ] Not run
Rapid fluorescent spot test	[ ] Normal	[ ] Abnormal	[ ] Unknown	[ ] Not run
Other _____	[ ] Normal	[ ] Abnormal		

Does the patient have a FAMILY HISTORY of *G6PD* deficiency? [ ] No [ ] Yes [ ] Unknown
If yes, **please attach PEDIGREE or** COMPLETE BELOW:

RELATIONSHIP to the patient	Age at Diagnosis	Symptoms	Diagnosis confirmed by DNA testing?	
_____	_____	_____	[ ] No	[ ] Yes*
_____	_____	_____	[ ] No	[ ] Yes*
_____	_____	_____	[ ] No	[ ] Yes*

***Please attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing)**.

Circle the *G6PD* deficiency test you intend to order.

0080135 Glucose-6-Phosphate Dehydrogenase: Quantitative enzymatic test. Preferred initial test to confirm a diagnosis of G6PD deficiency.

2007163 Glucose-6-Phosphate Dehydrogenase (*G6PD*) Sequencing: Clinical sensitivity for G6PD deficiency is expected to be greater than 98% for all ethnicities.

0051684 Glucose-6-Phosphate Dehydrogenase (*G6PD*) 2 Mutations: Clinical sensitivity in African Americans is 99%. Sensitivity in other ethnicities is unknown.

2001961 Familial Mutation, Targeted Sequencing: Tests for a previously identified familial mutation; copy of a relative's lab result is REQUIRED.

Master Label

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