

**PATIENT HISTORY FOR PRENATAL OR EXPANDED CARRIER SCREENING**

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex**  F  M

**Physician** \_\_\_\_\_ **Physician Phone** \_\_\_\_\_

**Practice Specialty** \_\_\_\_\_ **Physician Fax** \_\_\_\_\_

**Genetic Counselor** \_\_\_\_\_ **Counselor Phone** \_\_\_\_\_

**Patient's ethnicity** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> African or African-American                          | <input type="checkbox"/> Caucasian, Finnish |
| <input type="checkbox"/> Ashkenazi Jewish                                     | <input type="checkbox"/> Caucasian, Mixed   |
| <input type="checkbox"/> Asian, East Asian (e.g., Chinese, Japanese)          | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> Asian, South Asian (e.g., Indian, Pakistani)         | <input type="checkbox"/> Middle Eastern     |
| <input type="checkbox"/> Asian, Southeast Asian (e.g., Filipino, Vietnamese)  | <input type="checkbox"/> Native American    |
| <input type="checkbox"/> Caucasian, Northern European (e.g., British, German) | <input type="checkbox"/> Pacific Islander   |
| <input type="checkbox"/> Caucasian, Southern European (e.g., Italian, Greek)  | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Caucasian, French Canadian or Cajun                  |   |

Is the patient/couple pregnant?  Y  N

Is the patient's partner being tested at the same time?  Y  N

**Reason for testing:**

- Carrier screening (no family history)
- Known family history. Describe: \_\_\_\_\_
- Known carrier or prior testing. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

Check the carrier screening you intend to order.

- 2014671** Expanded Carrier Screen Genotyping with Fragile X
- 2014674** Expanded Carrier Screen Genotyping
- 2014677** Expanded Carrier Screen by Next Generation Sequencing with Fragile X
- 2014680** Expanded Carrier Screen by next Generation Sequencing

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

Master Label