

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform (TNFRSF13B) genetic testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR TACI-ASSOCIATED COMMON VARIABLE IMMUNODEFICIENCY (TNFRSF13B) 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)

- | | | | |
|---|---|--|--------------------------------------|
| <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 of COMMON VARIABLE IMMUNODEFICIENCY? No Yes Unknown

If yes, check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Recurrent respiratory infections | <input type="checkbox"/> Lymphadenopathy | <input type="checkbox"/> Cytopenia, please specify _____ |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Splenomegaly | <input type="checkbox"/> Granulomatous disease |
| <input type="checkbox"/> Pneumonia, recurrency number _____ | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Malignancy, please specify _____ |
| <input type="checkbox"/> Hypogammaglobulinemia | <input type="checkbox"/> Autoimmunity | <input type="checkbox"/> Other _____ |

LABORATORY FINDINGS

- | | | | | |
|------------------|---------------------------------|--|--|----------------------------------|
| IgG serum levels | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____ mg/dl) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| IgA serum levels | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____ mg/dl) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| IgM serum levels | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____ mg/dl) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |

Serum antibody response to vaccination:

- | | | | |
|--------------------------|---------------------------------|--------------------------------------|----------------------------------|
| Diphtheria & Tetanus | <input type="checkbox"/> Normal | <input type="checkbox"/> Poor/absent | <input type="checkbox"/> Unknown |
| Haemophilus influenzae | <input type="checkbox"/> Normal | <input type="checkbox"/> Poor/absent | <input type="checkbox"/> Unknown |
| Streptococcus pneumoniae | <input type="checkbox"/> Normal | <input type="checkbox"/> Poor/absent | <input type="checkbox"/> Unknown |

- | | | | | | |
|------------------------|---------------------------------|--|---|--|----------------------------------|
| Lymphocytes (cells/ul) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| CD3 (%) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| CD4 (%) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| CD8 (%) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| CD19 (%) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| NK cell (%) | <input type="checkbox"/> Normal | <input type="checkbox"/> Low (result: _____) | <input type="checkbox"/> High (result: _____) | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |

Is the patient on immunoglobulin replacement therapy? No Yes Unknown

Is there a FAMILY HISTORY of any of the ABOVE SYMPTOMS? No Yes Unknown

If yes, please specify the RELATIONSHIP of the family member(s) to the patient and describe the symptoms in each symptomatic relative.

Has DNA testing for the *TNFRSF13B* gene been performed for these family member(s)? No Yes Unknown

If yes, please attach a copy of the laboratory result (REQUIRED for familial mutation testing)

Circle the test you intend to order.

2007569 TACI-Associated Common Variable Immunodeficiency (TNFRSF13B) Sequencing: Sequencing of the *TNFRSF13B* coding regions and intron/exon boundaries. Clinical sensitivity predicted to be up to 10% in individuals with a clinical diagnosis of Common Variable Immunodeficiency.

2001961 Familial Mutation, Targeted Sequencing: Targeted sequencing in a symptomatic individual for a *TNFRSF13B* mutation previously identified in a family member.

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

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