

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR DUCHENNE/BECKER MUSCULAR DYSTROPHY GENETIC TESTING

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)

African-American Asian Hispanic Native American
 Ashkenazi Jewish Caucasian Middle Eastern Other _____

Does the patient have symptoms? No Yes (check all that apply)

Calf hypertrophy Generalized motor delay Muscle weakness
 Cardiomyopathy Gower sign Age of onset: _____
 Difficulty walking/abnormal gait Intellectual disability Wheelchair dependent
 Flexion contracture of the elbows Myalgia/muscle cramping Other _____

Laboratory Findings

Serum creatine phosphokinase (CK): Abnormal _____ U/L Normal Not performed
 Muscle histology: Abnormal _____ Normal Not performed
 Dystrophin immunohistochemistry: Abnormal _____ Normal Not performed
 Dystrophin quantity: Abnormal _____ % Normal Not performed

Has the patient undergone previous DNA testing for muscular dystrophy/cardiomyopathy? No Yes Unknown

If yes, describe test(s) and results: _____

Is there any relevant family history of muscular dystrophy? No Yes Unknown

If yes, specify: Duchenne muscular dystrophy Becker muscular dystrophy Dilated cardiomyopathy

Attach a pedigree or specify the relationship of family member(s) to the patient: _____

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

The relative is: a carrier affected

If affected, list the symptoms and age of onset: _____

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

Check the test you intend to order.

Recommended testing for Duchenne/Becker muscular dystrophy if there is no known familial variant:

- 2011241 Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication with Reflex to Sequencing
- 2011235 Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication
- 2011153 Duchenne/Becker Muscular Dystrophy (DMD) Sequencing

Follow-up targeted testing for known mutation in family members:

- 2011235 Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication Tests for a deletion/duplication previously identified in a family member; a copy of relative's lab result is REQUIRED.
- 2001961 Familial Mutation, Targeted Sequencing Tests for sequence variant previously identified in a family member; a copy of relative's lab result is REQUIRED.

Master Label

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