ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

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 PRIMARY ANTIBODY DEFICIENCY 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: _____

Patient's diagnosis/Reason for referral:

☐ Agammaglobulinemia ☐ Common variable immunodeficiency ☐ IgA deficiency
☐ Combined immunodeficiency ☐ Hyper IgM syndrome ☐ Other: _____

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

☐ Autoimmune conditions ☐ Gastrointestinal disease ☐ Malignancy (specify: _____) ☐ Otitis media
☐ Candidiasis ☐ Gingivitis ☐ Respiratory infections
☐ Cryptococcosis ☐ Granulomatous disease ☐ Meningitis ☐ Sepsis
☐ Cytopenia ☐ Histoplasmosis ☐ Neutropenia ☐ Skin infections
☐ Empyema ☐ Lymphadenopathy ☐ Oral ulcers ☐ Stomatitis
☐ Failure to thrive
☐ Other symptom(s): _____

Laboratory Findings:

Total White Blood (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
Lymphocytes (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
Granulocytes (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
Monocytes (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD3 (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD4 (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD45RA (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD45RO (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD8 (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
CD19 (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
B (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
Memory B (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
NK (cells/ul)	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
IgE serum levels	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
IgG/A/M serum levels	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown
Lymphocyte response to mitogens	☐ Normal	☐ Abnormal (result: _____)	☐ Not performed	☐ Unknown

Has the patient had an allogeneic bone marrow or umbilical cord blood transplant? ☐ No ☐ Yes ☐ Unknown

Is the patient on immunoglobulin replacement therapy? ☐ No ☐ Yes ☐ Unknown

Has the patient undergone previous DNA testing for this condition? ☐ No ☐ Yes ☐ Unknown

If yes, describe the gene(s), methodology, and results: _____

Is there any relevant family history? ☐ No ☐ Yes ☐ Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List their symptoms/diagnosis and age of onset: _____

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

If yes, attach a copy of the relative's DNA laboratory result. (REQUIRED for familial mutation testing.)

Check the test you intend to order.

Initial test for primary antibody deficiency

☐ **2011156 Primary Antibody Deficiency Panel, Sequencing and Deletion/Duplication**

Targeted testing for known mutation (laboratory report from family member REQUIRED)

☐ **2001961 Familial Mutation, Targeted Sequencing**

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

Master Label