

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

MODY AND NEONATAL DIABETES PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: Female Male Intersex **Gender Identity (optional):** Female Male _____

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor's Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

African American/Black Asian Hispanic White Other: _____

List country of origin (if known): _____

Does the patient have symptoms? No Yes (If yes, age of onset: _____) **Check all symptoms that apply below.**

- | | |
|---|--|
| <input type="checkbox"/> Persistent hyperglycemia (plasma glucose: _____mg/dL)
<input type="checkbox"/> Glucosuria
<input type="checkbox"/> Ketonuria
<input type="checkbox"/> Intrauterine growth restriction
<input type="checkbox"/> Absence of pancreatic islet antibodies
<input type="checkbox"/> Low or undetectable plasma insulin and C-peptide
<input type="checkbox"/> Low fecal elastase and high stool fat
<input type="checkbox"/> Other symptom(s): _____ | <input type="checkbox"/> Endogenous insulin production 5 years after onset
<input type="checkbox"/> Low insulin requirement
<input type="checkbox"/> Lack of obesity or acanthosis nigricans
<input type="checkbox"/> Lack of ketoacidosis when insulin omitted
<input type="checkbox"/> Normal triglyceride and HDL levels
<input type="checkbox"/> Measurable C-peptide |
|---|--|

Has the patient undergone previous germline DNA testing for MODY or neonatal diabetes? No Yes Unknown

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

Is there any relevant family history of MODY or neonatal diabetes? No Yes Unknown

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

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

If yes, attach a copy of the relative's DNA laboratory result.

Master Label

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