ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

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

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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 ALPORT SYNDROME 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)

☐ Anterior lenticonus ☐ Hematuria ☐ Proteinuria
☐ Corneal erosion ☐ Hypertension ☐ Renal insufficiency
☐ End stage renal disease (age:_____) ☐ Maculopathy ☐ Sensorineural hearing loss (age:_____)
☐ Other symptom(s):_____

Has the patient undergone previous DNA testing for Alport syndrome? ☐ No ☐ Yes ☐ Unknown

If yes, describe the test(s) 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 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.

☐ **2002398 Alport Syndrome, X-Linked (*COL4A5*) Sequencing and Deletion/Duplication:** Detects >80% of mutations in males and females with X-linked Alport syndrome.

☐ **0051786 Alport Syndrome, X-linked (*COL4A5*) Sequencing:** Offer to patients who have a family history of X-linked renal failure or to individuals with unexplained hematuria or chronic kidney disease. Clinical sensitivity >80% in males and >70% in females with X-linked Alport syndrome.

☐ **2002394 Alport Syndrome, X-Linked (*COL4A5*) Deletion/Duplication:** For patients with negative *COL4A5* sequencing result. Clinical sensitivity 10%. Also order for familial *COL4A5* large deletion or duplication.

☐ **2001961 Familial Mutation, Targeted Sequencing:** Targeted sequencing for a *COL4A5* mutation previously identified in a family member; copy of relative's lab result is REQUIRED.

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

Master Label