

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

PATIENT HISTORY FOR HEREDITARY HEMOLYTIC ANEMIA 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)

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

Suspected CLINICAL DIAGNOSIS: _____

Does the patient have SYMPTOMS of a hereditary hemolytic anemia disorder? No Yes; please check all that apply

- Anemia Gallstones Jaundice
 Fatigue Hemolytic crisis Splenomegaly
 Other _____

LABORATORY FINDINGS (please attach recent CBC or provide values below)

CBC date: _____ **RBC:** ____ **HGB:** ____ **HCT:** ____ **MCV:** ____ **MCHC:** ____ **RDW:** ____ **Retic:** ____

Blood smear abnormalities: _____

- Bilirubin** Normal Not performed Abnormal _____
Hemoglobin evaluation Normal Not performed Abnormal _____
Osmotic Fragility Normal Not performed Abnormal _____
EMA/ RBC Band 3 Protein Reduction Normal Not performed Abnormal _____
Other: _____ Normal Abnormal _____
Other: _____ Normal Abnormal _____

Has the patient undergone previous DNA testing for hemolytic anemia? No Yes Unknown
Describe (gene, methodology, and result): _____

Does the patient have a FAMILY HISTORY of hemolytic anemia disorder? No Yes Unknown
If yes, attach a PEDIGREE or specify the relatives' RELATIONSHIP of the family member(s) to the patient, symptoms, and age of onset.

Has DNA testing been performed for these family member(s)? No Yes Unknown
List Gene and Mutation(s) identified or include a copy of the laboratory result: _____

Circle the test you intend to order OR write the test name and number below:

Recommended first tier molecular test for hereditary hemolytic anemia disorders	
2012052	Hereditary Hemolytic Anemia Sequencing, 28 Genes
Targeted testing for known mutation (laboratory report from family member REQUIRED)	
2001961	Familial Mutation, Targeted Sequencing- targeted testing for a known familial sequence mutation

Other: _____

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

Master Label