ARUP LABORATORIES

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 SKELETAL DYSPLASIA 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 DIAGNOSIS
[ ] Achondroplasia [ ] Diastrophic Dysplasia [ ] Other _____
[ ] Achondrogenesis [ ] Thanatophoric Dysplasia [ ] Unknown
[ ] Campomelic dysplasia [ ] Osteogenesis Imperfecta (specify type) _____

Does the patient have SYMPTOMS? [ ] No [ ] Yes **If yes, please check all of the following that apply:**
[ ] Shortening of bones of arms and legs [ ] Undermineralization of bones [ ] Clubfeet
[ ] Bowed or fractured bones [ ] Abnormal ribs or small chest circumference [ ] Hydrops
[ ] Irregular, thickened or thin bones [ ] Extra fingers or toes [ ] Other _____

Patient is: [ ] Living [ ] Deceased; describe circumstances: _____

Does the patient have RADIOGRAPHIC FINDINGS? [ ] No [ ] Yes [ ] Unknown If yes, please detail below:
_____

Has the patient had PREVIOUS MOLECULAR GENETIC TESTING? [ ] Yes [ ] No [ ] Unknown

Gene/s_____ Methodology _____ Results_____

Does the patient have a FAMILY HISTORY of a skeletal dysplasia? [ ] No [ ] Yes [ ] Unknown

NAME OF THE DISORDER diagnosed in the relatives: _____

RELATIONSHIP of the family members to the patient: _____

Provide the gene mutation(s) identified in the relative_____

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

Prenatal testing for skeletal dysplasias:	
2012010	**Skeletal Dysplasia Panel, Sequencing, 39 Genes and Deletion/Duplication, 36 Genes, Fetal** - Next generation sequencing and tiled custom CGH on fetal specimens.
2001980	**Familial Mutation, Targeted Sequencing, Fetal** - Targeted testing for a known familial sequence variants (laboratory report from family member is REQUIRED).
Postnatal testing for skeletal dysplasias:	
2012015	**Skeletal Dysplasia Panel, Sequencing, 39 Genes and Deletion/Duplication, 36 Genes** - Next generation sequencing and tiled custom CGH.
2001961	**Familial Mutation, Targeted Sequencing**- targeted testing for known familial sequence variants.

Other test not listed: _____

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

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