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 CHARCOT-MARIE-TOOTH (CMT) AND HEREDITARY NEUROPATHY 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:

[ ] Charcot-Marie-Tooth disease (CMT); type: ____ [ ] Hereditary sensory neuropathy (HSN) [ ] Hereditary motor neuropathy (HMN)
[ ] Hereditary neuropathy with liability to pressure palsies (HNPP) [ ] Other: _____

Age of onset: _____

Does the patient have SYMPTOMS of CMT/hereditary neuropathy? [ ] No [ ] Yes; please check all that apply

[ ] Abnormal gait/difficulty walking [ ] Muscle wasting; [ ] proximal [ ] distal
[ ] Abnormal reflexes [ ] Muscle weakness; [ ] progressive [ ] stable; [ ] proximal [ ] distal
[ ] Foot drop [ ] Peripheral neuropathy; [ ] sensory [ ] motor
[ ] Hearing loss [ ] Spastic paraplegia
[ ] High arches/pes cavus deformity [ ] Transient/recurring focal pressure neuropathy
[ ] Hip dysplasia [ ] Other_____

Diagnostic studies:

Electromyography (EMG): [ ] Normal [ ] Abnormal; describe: _____
Nerve conduction velocity (NCV): [ ] Normal [ ] Demyelinating (<38 m/s) [ ] Axonal (>38 m/s) [ ] Intermediate (25-45 m/s)
Other: _____

Does the patient have a FAMILY HISTORY of neuropathy? [ ] No [ ] Yes [ ] Unknown
If yes, attach a PEDIGREE or specify the relatives' RELATIONSHIP to the patient. List their symptoms & age of onset:
_____

Has DNA testing been performed for these family member(s)? [ ] No [ ] Yes [ ] Unknown
If yes, describe test(s) and results (a copy of relative's report is required for targeted testing):_____
_____

Has the patient undergone previous DNA testing for CMT/hereditary neuropathy? [ ] No [ ] Yes [ ] Unknown
[ ] *PMP22* deletion/duplication; result: _____
[ ] Chromosomal microarray; result: _____
[ ] Other testing; please describe test(s) and results: _____

Circle the test you intend to order:

Recommended testing for CMT1A or HNPP	
2012160	**Charcot-Marie-Tooth Type 1A (CMT1A)/Hereditary Neuropathy with Liability to Pressure Palsies (HNPP), *PMP22* Deletion/Duplication**- clinical sensitivity 70-80% for CMT1; 80% for HNPP
2012155	**Charcot-Marie-Tooth (CMT) and Related Hereditary Neuropathies, *PMP22* Deletion/Duplication with Reflex to Sequencing Panel**- *PMP22* deletion/duplication with reflex to sequencing of 78 hereditary neuropathy genes
Recommended testing for CMT subtypes/hereditary neuropathies OTHER than CMT1A/HNPP	
2012151	**Charcot-Marie-Tooth (CMT) and Related Hereditary Neuropathies Panel Sequencing**
Targeted testing for known mutation (laboratory report from family member REQUIRED)	
2001961	**Familial Mutation, Targeted Sequencing**- targeted testing for a known familial sequence mutation
2012160	**Charcot-Marie-Tooth 1A (CMT1A)/Hereditary Neuropathy with Liability to Pressure Palsies (HNPP), *PMP22* Deletion/Duplication** - for known familial deletion/duplication

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

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