ARUP LABORATORIES

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

PATIENT HISTORY FOR FG SYNDROME

Patient's 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_____

SYMPTOMS OF FG SYNDROME (check all that apply)

Congenital Anomalies

[ ] None
[ ] Broad thumbs/halluces
[ ] Congenital hypotonia
[ ] Constipation
[ ] Joint hyperlaxity
[ ] Other _____

[ ] Anal anomaly_____
[ ] Brain anomaly_____
[ ] Cardiac defect _____
[ ] GU malformation _____
[ ] Limb malformation _____
[ ] Vertebral malformation _____

Neurological Findings

[ ] Mental retardation [ ] Developmental delay [ ] Abnormal EEG
[ ] Seizures [ ] Tethered spinal cord [ ] Other _____

Characteristic Facies

[ ] Relative macrocephaly [ ] Deep set eyes [ ] Upswept frontal hair/ cowlick
[ ] High prominent forehead [ ] Small simple ears [ ] Apparent hypertelorism
[ ] Other _____

Behavioral Issues

[ ] Hyperactivity [ ] ADD [ ] Anxiety [ ] Other _____

FAMILY MEMBER(S) diagnosed with FG syndrome? [ ] No [ ] Yes

If yes, describe relationship(s) to the patient _____
Has DNA testing for FG syndrome been performed for these family member(s)?
[ ] No [ ] Yes [ ] Unknown
GENE and MUTATION identified in the family _____

FAMILY MEMBER(S) with symptoms of FG syndrome? [ ] No [ ] Yes [ ] Unknown
If yes, describe symptoms and relationship(s) to patient:
_____

0051752 FG Syndrome, FGS1 (*MED12*) R961W Mutation
Diagnostic testing for symptomatic patients; carrier testing for family members when the *MED12* R961W (c.2881C>T) mutation has been previously identified in the family. Clinical sensitivity estimated at 7% for FG syndrome.

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

Master Label