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 CHARGE SYNDROME TESTING

Patient Name _____ Date of Birth_____ /_____/_____Gender [ ] F [ ] M

Physician _____ Physician Phone (_____)_____Practice Specialty_____

Genetic Counselor _____ Counselor's Phone # (_____)_____

Patient's Ethnicity (check all that apply)

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

Does the patient have a clinical diagnosis of CHARGE syndrome? [ ] Yes [ ] Suspected [ ] Unknown

Does the patient have SYMPTOMS of CHARGE syndrome? [ ] No [ ] Yes (please check all that apply)

[ ] Ocular coloboma
[ ] Choanal atresia/stenosis
[ ] Growth deficiency
[ ] Developmental delay
[ ] Genital hypoplasia
[ ] Cleft lip/palate
[ ] Cranial nerve dysfunction/anomaly
[ ] Ear abnormalities, describe: _____
[ ] Congenital heart defect, describe: _____
[ ] Characteristic facial features
[ ] Tracheoesophageal (TE) fistula
[ ] Other: _____

Does the patient have a FAMILY HISTORY of CHARGE syndrome or related findings? [ ] 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

Has the patient undergone previous DNA testing for CHARGE syndrome? [ ] No [ ] Yes [ ] Unknown

If yes, please describe test(s) and results:_____

Circle the test below you intend to order.

2012609 CHARGE Syndrome (*CHD7*) Sequencing – Detects 90% of CHARGE syndrome

2012717 CHARGE Syndrome (*CHD7*) Sequencing, Fetal – Prenatal testing for CHARGE syndrome

2001961 Familial Mutation, Targeted Sequencing - Tests for a previously identified familial mutation only. A copy of relative's DNA laboratory result is REQUIRED.

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

Master Label