

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR SPINAL MUSCULAR ATROPHY (SMA) TESTING

Patient Name _____ Date of Birth _____ Sex F M
 Physician _____ Physician Phone _____
 Practice Specialty _____ Physician Fax _____
 Genetic Counselor _____ Counselor Phone _____

Patient's Ethnicity (check all that apply)
 African-American Asian Hispanic Native American
 Ashkenazi Jewish Caucasian Middle Eastern Other: _____

Indication for Testing / Reason for Referral: (check all that apply)
 Patient has family history of SMA
 Reproductive partner has a family history of SMA; partner's carrier status is unknown
 Reproductive partner is a known SMA carrier
 Routine preconception or prenatal carrier screening
 Symptoms (described below)
 Other, describe: _____

Does the patient have symptoms? No Yes (check all that apply); age of onset: _____
 Abnormal reflexes
 Abnormal test results (EMG, NCV, histology, etc.); describe: _____
 Abnormal ultrasound findings; describe: _____
 Arthrogryposis
 Finger tremor
 Hypotonia
 Lack of motor development
 Muscle weakness
 Respiratory distress
 Tongue fasciculations
 Other symptom(s): _____

Has the patient undergone previous DNA testing? No Yes Unknown
 If yes, describe the test(s) and results: _____

Is there any relevant family history? No Yes Unknown
 If yes, attach a pedigree or specify the relative's relationship to the patient: _____

Has DNA testing been performed for the family member(s)? No Yes Unknown
 If yes, indicate: The relative is: a carrier affected
 Describe the test(s) and results: _____

Check the test you intend to order.

Recommended SMA testing for diagnostic or carrier screening purposes:

- 2013436 Spinal Muscular Atrophy (SMA) Copy Number Analysis:** Confirm diagnosis of SMA or determine carrier status
- 2013444 Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal:**
Prenatal diagnosis of SMA
- Other test not listed:** _____

SMA carrier screening is also included in multiple expanded carrier screening panels, see online test directory at www.aruplab.com for available options.

Master Label

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