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 SPINAL MUSCULAR ATROPHY (SMA) 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 _____

Does the patient have SYMPTOMS of spinal muscular atrophy (SMA)?

[ ] No; indication for testing is (please check all that apply):

- [ ] Routine preconception or prenatal carrier screening
- [ ] Patient has family history of SMA
- [ ] Reproductive partner is a known SMA carrier
- [ ] Reproductive partner has a family history of SMA; partner's carrier status is unknown
- [ ] Other, describe: _____

[ ] Yes; age of onset _____; patient's findings include (please check all that apply):

- [ ] 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; describe: _____

Does the patient have a FAMILY HISTORY of SMA?

[ ] Unknown [ ] No [ ] Yes; specify relationship to patient:_____; relative is [ ] affected or [ ] carrier of SMA.

Has DNA testing been performed for these family member(s)? [ ] Unknown [ ] No [ ] Yes; describe:_____

Has the patient undergone previous DNA testing for SMA? [ ] Unknown [ ] No [ ] Yes; describe:_____

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

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

Other test not listed: _____

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

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