

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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