ARUP LABORATORIES

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

PATIENT HISTORY FOR HEARING LOSS 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_____

Did the patient fail the NEWBORN HEARING SCREEN? [ ] No [ ] Yes [ ] Unknown [ ] N/A

Suspected diagnosis:_____

Does the patient have hearing loss? [ ] No [ ] Yes If yes, the AGE OF ONSET was: _____

Laterality of the hearing loss is: [ ] Bilateral [ ] Unilateral [ ] Unknown
The hearing loss is classified as: [ ] Sensorineural [ ] Conductive [ ] Mixed [ ] Other _____
The hearing loss is considered: [ ] Stable [ ] Progressive [ ] Unknown

Degree of hearing loss: Right ear:_____dB Left ear: _____dB
[ ] Mild (26-40 dB) [ ] Moderate (41-55 dB) [ ] Moderate-Severe (56-70 dB) [ ] Severe (71-90 dB) [ ] Profound (>90 dB)
[ ] Unknown [ ] N/A

Did the patient have a CT or MRI showing an enlarged vestibular aqueduct? [ ] No [ ] Yes [ ] Unknown
Does the patient have findings other than hearing loss? [ ] No [ ] Yes; please describe: _____
_____

Has this patient undergone previous DNA testing to determine the cause of hearing loss? [ ] No [ ] Yes [ ] Unknown
If yes, please list gene/mutation tested and result:_____

Does the patient have a FAMILY HISTORY of hearing loss? [ ] No [ ] Yes [ ] Unknown
If yes, specify the RELATIONSHIP of affected family member(s) to the patient and detail the degree of hearing loss and age of onset in each: _____

If a family member has had previous DNA testing, please list the result or provide the report: _____

Circle the HEARING LOSS TEST you intend to order.

0051374 Connexin 26 (*GJB2*) Sequencing Clinical sensitivity is approximately 95% for *GJB2* mutations and ~50% for nonsyndromic hearing loss.

2001956 Hearing Loss, Nonsyndromic, Connexin 30 (*GJB6*) 2 Deletions Tests for the *GJB6* 309Kb and 232Kb deletions. Clinical sensitivity is 20% in individuals with nonsyndromic hearing loss and only one identifiable Connexin 26 mutation.

2002044 Hearing Loss, Nonsyndromic, Mitochondrial DNA 2 Mutations Tests for the m.1555A>G and m.7445A>G mutations. Clinical sensitivity dependent on ethnicity.

2001992 Hearing Loss, Nonsyndromic Panel (*GJB2*) Sequencing, (*GJB6*) 2 Deletions and Mitochondrial DNA 2 Mutations Clinical sensitivity is ~50-55% for nonsyndromic hearing loss.

2008803 Expanded Hearing Loss Panel, Sequencing (56 genes) and Deletion/Duplication (53 genes). Most comprehensive genetic test for hearing loss at ARUP.

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

Master Label