

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 HEARING LOSS 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: _____

Did the patient fail the **newborn hearing screen**? No Yes Unknown N/A

Suspected diagnosis: _____

Does the patient have hearing loss? No Yes, age of onset: _____

Laterality: Bilateral Unilateral Unknown

Classified as: Sensorineural Conductive Mixed Other

Considered: Stable Progressive Unknown

Degree:

Right ear: _____ dB Unknown N/A
 Mild (26–40 dB) Moderate (41–55 dB) Moderate-Severe (56–70 dB) Severe (71–90 dB) Profound (>90 dB)

Left ear: _____ dB Unknown N/A
 Mild (26–40 dB) Moderate (41–55 dB) Moderate-Severe (56–70 dB) Severe (71–90 dB) Profound (>90 dB)

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, please attach a pedigree or specify the relationship of family member(s) to the patient: _____
 List the degree of hearing loss age(s) of onset: _____

Has DNA testing been performed for these family member(s)? No Yes Unknown
 If yes, attach a copy of the relative's DNA laboratory result. (REQUIRED for familial mutation testing.)

Check the 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 and Deletion/Duplication:** Most comprehensive genetic test for hearing loss at ARUP.
- 2001961 Familial Mutation, Targeted Sequencing** tests for a mutation previously identified in a family member; a copy of the relative's lab result is REQUIRED.

Master Label

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