ARUP LABORATORIES

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

PATIENT HISTORY FOR MUCOPOLYSACCHARIDOSIS (MPS) 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____________________

Describe the patient's SYMPTOMS

[ ] Coarse features [ ] Macrocephaly [ ] Corneal clouding [ ] Developmental delay
[ ] Skeletal anomalies [ ] Cardiomyopathy [ ] Organomegaly [ ] Short stature
[ ] Other _____________________________

Is a particular TYPE of MPS suspected? [ ] No [ ] Yes If yes, indicate which type(s) are suspected:

[ ] MPS I (Hurler/Scheie) [ ] MPS III (Sanfilippo) [ ] MPS VI (Maroteaux-Lamy)
[ ] MPS II (Hunter) [ ] MPS IV (Morquio) [ ] MPS VII (Sly)

Is the patient on ENZYME REPLACEMENT THERAPY? [ ] No [ ] Yes

If yes, list medication: ____

What other MEDICATIONS is the patient currently taking?

____

Please circle the MPS test you intend to order.

0081352 Mucopolysaccharides Electrophoresis & Quantitation, Urine (MPS SCREEN): Provides measurement of total GAG levels and electrophoresis to differentiate GAGs present. Order for diagnostic testing.

0081357 Mucopolysaccharides, Quantitative, Urine: Provides measurement of total GAG levels; order ONLY for therapeutic monitoring of a patient with a known MPS diagnosis.

2011415 Alpha-Iduronidase Enzyme Activity in Leukocytes: Order to exclude or confirm MPS I following clinical or biochemical presentation

2007599 Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma

2007488 Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Urine

2008775 Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma

2009282 Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Urine

Please submit with sample or fax this form to ARUP Biochemical Genetics Laboratory at (801) 584-5249. For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141.

Master Label