ARUP LABORATORIES

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

PATIENT HISTORY FOR LOEYS-DIETZ 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 patient have SYMPTOMS of Loeys-Dietz Syndrome (LDS)? [ ] No [ ] Yes (check all that apply)

[ ] **Vascular**	[ ] **Craniofacial**	[ ] **Cutaneous**	[ ] **Musculoskeletal**
[ ] Aortic Dilation (__cm)	[ ] Bifid uvula	[ ] Easy bruising	[ ] Arachnodactyly
[ ] Arterial dissection _____	[ ] Cleft palate	[ ] Poorly formed scars	[ ] Club foot
[ ] Thoracic aneurysm	[ ] Craniosynostosis	[ ] Translucent skin	[ ] Joint laxity
[ ] Cerebral aneurysm	[ ] Hypertelorism	[ ] Velvety skin	[ ] Pectus excavatum/carinatum
[ ] Abdominal aneurysm			[ ] Scoliosis

[ ] Other_____

Is there any relevant FAMILY HISTORY? [ ] No [ ] Yes [ ] Unknown
If yes, attach PEDIGREE, or specify the RELATIONSHIP to the patient and list the symptoms and age of onset:

_____

Please attach a copy of the relative's *DNA* laboratory result. (REQUIRED for familial mutation testing)

Has the patient undergone previous DNA testing for Loeys-Dietz Syndrome? [ ] No [ ] Yes [ ] Unknown

If yes, please describe test(s) and results_____

Circle the test you intend to order.

2006540 Aortopathy Panel Sequencing and Deletion/Duplication, 17 Genes

- Confirm diagnosis of an aortopathy in individuals with aortic/vascular aneurysm, dissection, or rupture
- Includes 4 genes associated with Loeys Dietz (*TGFBR1, TGFBR2, TGFB2, SMAD3*) and 13 others associated with various aortopathies (*ACTA2, CBS, COL3A1, COL5A1, COL5A2, FBN1, FBN2, MYH11, MYLK, PLOD1, SKI, SLC2A10, SMAD4).*

2002705 Loeys-Dietz Syndrome (*TGFBR1* and *TGFBR2*) Sequencing
Clinical sensitivity is ~95% for Loeys-Dietz.

2001961 Familial Mutation, Targeted Sequencing
Tests for a previously identified familial mutation. A copy of a relative's DNA laboratory result is REQUIRED.

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

Master Label