ARUP LABORATORIES

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

PATIENT HISTORY FOR X-CHROMOSOME MICROARRAY 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_____

Is the patient SYMPTOMATIC? [ ] No [ ] Yes **Suspected diagnosis _____**

Please check all symptoms that apply:
Developmental:

[ ] MR [] syndromic or [] non-syndromic [ ] Autism/PDD
[ ] Speech delay/loss [ ] Behavioral aberrations [ ] Other_____

[ ] Neurological _____
[ ] Dysmorphic features _____
[ ] Skeletal _____
[ ] Craniofacial _____
[ ] Cardiac _____
[ ] Urinary tract _____
[ ] Genital _____
[ ] Optical _____
[ ] Growth _____
[ ] Immune _____
[ ] Skin _____
[ ] Metabolic _____
[ ] Hematologic _____
[ ] Hearing _____
[ ] Other _____

Does the patient have a FAMILY HISTORY of a <u>specific</u> X-Linked disorder? [ ] No [ ] Yes [ ] Unknown
RELATIONSHIP of the affected family member(s) to the patient_____
NAME OF THE DISORDER diagnosed in each symptomatic/affected relative_____

Is there a family history that is consistent with an X-linked disorder? [ ] No [ ] Yes [ ] Unknown
If yes, please describe_____
Please attach PEDIGREE if possible.

Is the patient suspicious for any specific X-linked disorder? [ ] No [ ] Yes
If yes, what disorder(s)_____

Has the patient undergone previous genetic testing for any X-linked disorder? [ ] No [ ] Yes
If yes, please describe_____
***If a mutation was found, please attach a copy of the lab report.**

2004434 X Chromosome Ultra-High Density Microarray, 954 Genes

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

Master Label