ARUP LABORATORIES

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

PATIENT HISTORY FOR PULMONARY ARTERIAL HYPERTENSION (PAH) 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 the patient have SYMPTOMS? [ ] No [ ] Yes [ ] Unknown **If yes, check all that apply:**
[ ] PAH [ ] Pulmonary capillary hemangiomatosis (PCH) [ ] Pulmonary veno-occlusive disease (PVOD)
[ ] Shortness of breath [ ] Syncope [ ] Fatigue [ ] Chest pain [ ] Palpitation [ ] Edema
[ ] Other _____

Does the patient have other RISK FACTORS for pulmonary hypertension? [ ] No [ ] Yes [ ] Unknown
If yes, check all that apply:
[ ] Lung disease [ ] Pulmonary embolism [ ] Heart disease [ ] Connective tissue disease
[ ] Cirrhosis [ ] HIV [ ] Other _____

Has the patient's mean pulmonary artery pressure been measured? [ ] No [ ] Yes [ ] Unknown
If yes, what was result at rest? _____mmHg [ ] normal [ ] abnormal [ ] Unknown
What was result during exercise? _____ mmHg [ ] normal [ ] abnormal [ ] Unknown

Does the patient have a FAMILY HISTORY of PAH? [ ] No [ ] Yes [ ] Unknown
If yes, **please attach PEDIGREE or** specify the RELATIONSHIP of the family member(s) to the patient and detail the symptoms/age of onset in each affected relative. _____
_____
Please attach a copy of the relative's *DNA* laboratory result (REQUIRED for familial mutation testing).

Has the patient undergone previous DNA testing for this condition? [ ] No [ ] Yes
If yes, please describe test(s) and results_____

Check the Pulmonary Arterial Hypertension (PAH) test you intend to order.

2009345 Pulmonary Arterial Hypertension (PAH) Panel, Sequencing and Deletion/Duplication Multigene. Genes include *ACVRL1, BMPR2, CAV1, EIF2AK4, ENG* and *KCNK3.*

2003405 Pulmonary Arterial Hypertension (*BMPR2*) Sequencing and Deletion/Duplication: Clinical sensitivity is approximately 70% for familial PAH and 15% for idiopathic PAH.

2010696 *EIF2AK4*-Related Disorders (*EIF2AK4*) Sequencing: Associated with autosomal recessive forms of PAH, PCH or PVOD. Clinical sensitivity is <10% for PAH.

2001961 Familial Mutation, Targeted Sequencing: Tests for a previously identified familial variant; copy of a relative's lab result is REQUIRED.

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

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