ARUP LABORATORIES

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

PATIENT HISTORY FOR ANGELMAN SYNDROME DNA TESTING

Patient's 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, check all that apply

[ ] Normal head circumference at birth [ ] Excitability [ ] Tongue thrusting; feeding problems
[ ] Developmental delay [ ] Hand flapping [ ] Obesity
[ ] Minimal or absent speech [ ] Microcephaly [ ] Scoliosis
[ ] Gait ataxia and/or tremor of limbs [ ] Seizures [ ] Other_____
[ ] Abnormal EEG [ ] Strabismus
[ ] Inappropriate happy demeanor [ ] Sleep disturbance

Has the patient undergone previous DNA testing for Angelman syndrome? [ ] No [ ] Yes [ ] Unknown

[ ] DNA methylation analysis Result_____
[ ] FISH analysis Result_____
[ ] Array CGH Result_____
[ ] UPD testing Result_____
[ ] Imprinting center defect testing Result_____

Does the patient have a FAMILY History of Severe developmental delay/MR/Angelman syndrome?

[ ] Yes [ ] No [ ] Unknown

If yes, **please attach a PEDIGREE or** specify the RELATIONSHIP of the family member(s) to the patient and detail the symptoms in each symptomatic/affected relative_____

_____

Has DNA testing been performed for these family member(s)? [ ] Yes [ ] No [ ] Unknown

If yes, please attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing).

Circle the test you intend to order.

2005077 Angelman Syndrome and Prader-Willi Syndrome by Methylation: The most sensitive test to confirm a diagnosis of Angelman syndrome and Prader-Willi syndrome; clinical sensitivity is approximately 78% for Angelman syndrome and 99% for Prader-Willi syndrome.

2005564 Angelman Syndrome (*UBE3A*) Sequencing: To confirm a diagnosis of Angelman syndrome in individuals with a normal DNA methylation test; clinical sensitivity is approximately 11%.

2001961 Familial Mutation, Targeted Sequencing: Tests for a previously identified familial mutation; 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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