ARUP LABORATORIES

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform *BMP9*-related telangiectasia syndrome testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR *BMP9*-RELATED TELANGIECTASIA SYNDROME 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; please check all that apply

[ ] Telangiectasia (locations and numbers):_____
[ ] Nosebleeds (frequency):_____
[ ] AVM(s) (locations): _____
[ ] Other: _____

Does the patient have a FAMILY HISTORY of telangiectases or nosebleeds? [ ] No [ ] Yes [ ] Unknown
If yes, attach a PEDIGREE or specify the relatives RELATIONSHIP to the patient. List their symptoms:

_____

Has DNA testing been performed for these family member(s)? [ ] No [ ] Yes [ ] Unknown
Please attach a copy of the relative's DNA laboratory result. (REQUIRED for familial mutation testing).

Has the patient undergone previous DNA testing? [ ] No [ ] Yes [ ] Unknown
If yes, please describe test(s) and results:_____

Circle the test you intend to order

2010015 Telangiectasia Syndrome (*BMP9/GDF2*) Sequencing – Clinical sensitivity ~1%. Order for individuals with negative *ACVRL1, ENG* and *SMAD4* testing who have multiple cutaneous telangiectasia accompanied by nosebleeds.

2009337 Hereditary Hemorrhagic Telangiectasia (HHT) Panel, Sequencing and Deletion/Duplication, 5 Genes (*ACVRL1, BMP9, ENG, RASA1, SMAD4*) – Preferred initial test to confirm a diagnosis of a telangiectasia/AVM disorder.

2001961 Familial Mutation, Targeted Sequencing- Tests for a *BMP9* sequence change identified in a family member; a copy of a relative's DNA laboratory result is **REQUIRED**.

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

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