ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY
A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

THIS IS NOT A TEST REQUEST FORM.
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 ______________ Sex ☐ F ☐ M

Physician ______________________ Physician Phone ______________________

Practice Specialty ______________________ Physician Fax ______________________

Genetic Counselor ______________________ Counselor Phone ______________________

Patient's Ethnicity (check all that apply)

☐ African-American ☐ Asian ☐ Hispanic ☐ Native American

☐ Ashkenazi Jewish ☐ Caucasian ☐ Middle Eastern ☐ Other: ______________________

Does the patient have symptoms? ☐ No ☐ Yes (check all that apply and describe)

☐ Telangiectasia (locations and numbers):______________________

☐ Nosebleeds (frequency):______________________

☐ AVM(s) (locations): ______________________

☐ Other symptom(s):______________________

Has the patient undergone previous DNA testing? ☐ No ☐ Yes ☐ Unknown

If yes, describe test(s) and result(s):______________________

Is there any relevant family history of telangiectasias or nosebleeds? ☐ No ☐ Yes ☐ Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List their symptoms: ______________________

____

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

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

Check 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 the relative's DNA laboratory result is REQUIRED.

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

Master Label