ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

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

THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

AUTISM AND INTELLECTUAL DISABILITY PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____
Sex Assigned at Birth: ☐ Female ☐ Male ☐ Intersex **Gender Identity (optional):** ☐ Female ☐ Male ☐_____
Ordering Provider: _____ **Provider's Phone:** _____
Practice Specialty: _____ **Provider's Fax:** _____
Genetic Counselor: _____ **Counselor's Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)
☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____
List country of origin (if known):_____

Clinical Findings: (check all that apply)

Growth
☐ Failure to thrive
☐ Overgrowth
☐ Short stature

Development
☐ Fine motor delay
☐ Gross motor delay
☐ Speech delay

Biochemical
☐ Acidosis
☐ Hypoglycemia
☐ Hyperammonemia

Genitourinary
☐ Ambiguous genitalia
☐ Hydronephrosis
☐ Undescended testes

Cognition/behavior
☐ Autism spectrum disorder
☐ Learning disability
☐ Intellectual disability; (IQ/DQ:_____)
☐ Oppositional/defiant disorder
☐ Obsessive compulsive disorder
☐ Pervasive developmental delay

Neurologic
☐ Ataxia/dystonia/chorea
☐ Hypotonia
☐ Seizures
☐ Spasticity
☐ Structural brain abnormality

Cardiac
☐ Cardiomyopathy
☐ Structural heart defect (describe:_____ _____)

Musculoskeletal
☐ Scoliosis
☐ Vertebral anomaly
☐ Limb anomaly
☐ Organomegaly

Craniofacial
☐ Dysmorphic facial features
☐ Cleft lip +/- cleft palate
☐ Craniosynostosis
☐ Macrocephaly
☐ Microcephaly
☐ Corneal clouding

List patient's medications and, if applicable, describe modified diet. Include formulas, vitamins, supplements, antibiotics, anticonvulsants, or enzyme replacement therapy:_____

Has the patient undergone previous DNA testing? ..... ☐ No ☐ Yes ☐ Unknown
If yes, describe the test(s) and results: _____
Is there any relevant family history?..... ☐ No ☐ Yes ☐ Unknown
If yes, attach a pedigree or specify the relative's relationship to the patient. List their diagnoses and age of onset:

Has DNA testing been performed for the family member(s)? ..... ☐ No ☐ Yes ☐ Unknown
If yes, describe the test(s) and results: _____

Are the patient's parents related to one another? ☐ No ☐ Yes (describe: _____) ☐ Unknown

In cooperation with the National Institutes of Health's effort to improve understanding of specific genetic variants, ARUP submits HIPAA-compliant, deidentified (cannot be traced back to the patient) genetic test results and health information to public databases. The confidentiality of each sample is maintained. If you prefer that your test result not be shared, call ARUP at 800-242-2787 ext. 3301. Your deidentified information will not be disclosed to public databases after your request is received, but a separate request is required for each genetic test. Additionally, patients have the opportunity to participate in patient registries and research. To learn more, visit aruplab.com/genetics

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

Master Label