

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

## PATIENT HISTORY FOR DELETION/DUPLICATION ANALYSIS BY MLPA

Deletion/duplication analysis by MLPA is only available for the following genes: *ABCD1, ACADVL, ACVRL1, APC, ATP7A, BMPR1A, BRCA1, BRCA2, CFTR, COL4A5, ENG, F8, F9, FBN1, HBB, MECP2, MEN1, MLH1, MSH2, MSH6, NF1, OTC, PKD1, PKD2, PLOD1, PMS2, PRSS1, PTEN, RASA1, SDHB, SDHC, SDHD, SLC22A5, SHOX, SMAD4, SPINK1, SPRED1, STK11, TP53, VHL*

Gene(s) for which deletion/duplication analysis is requested: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Female  Male

Ordering Provider: \_\_\_\_\_ Provider's Phone: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_ Provider's Fax: \_\_\_\_\_

Genetic Counselor: \_\_\_\_\_ Counselor Phone: \_\_\_\_\_

Patient's Ethnicity/Ancestry (check all that apply)

African American/Black  Asian  Hispanic  White  Other: \_\_\_\_\_

List country of origin (if known): \_\_\_\_\_

Reasons for Testing (Check all that apply)

The patient is symptomatic  
(describe) \_\_\_\_\_

The patient had previous uninformative testing for this condition  
(describe) \_\_\_\_\_

There a known large deletion/duplication in a family member  
(describe) \_\_\_\_\_

**If testing is due to a known deletion/duplication in a family member, submission of the relative's lab result is required.**

Relative's name: \_\_\_\_\_

DOB: \_\_\_\_\_ Relationship to patient \_\_\_\_\_

If the affected relative's testing was NOT performed at ARUP, submitting a control sample from affected relative is highly recommended.

Affected relative was tested at ARUP Laboratories, so no control sample is being submitted.

Affected relative was not tested by ARUP, but relative is not able to submit a control sample. Please run testing without the recommended control.

The affected relative was not tested by ARUP, so a control sample from the affected relative will be submitted. Collect 3mL of whole blood from affected relative in a lavender top (EDTA) tube and ship refrigerated. Label specimen with relative's name and birthdate and place a separate order for Sequencing Control, ARUP test code 0051610. Controls are tested at no additional cost; no reports are issued to controls.

Master Label

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