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.**

# DELETION/DUPLICATION ANALYSIS BY MLPA PATIENT HISTORY FORM

**Deletion/duplication analysis by MLPA is only available for the following genes: *F8, HBB, MLH1, MSH2, MSH6, SDHB, SDHC, SDHD, SHOX***

**Gene(s) for which deletion/duplication analysis is requested:** _____

**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):** _____

**Reasons for Testing (Check all that apply)**

☐ The patient is symptomatic
(describe) _____

☐ The patient had previous uninformative testing for this condition
(describe) _____

☐ There is 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: _____

**Master Label**

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