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.**

# *G6PD* DEFICIENCY TESTING PATIENT HISTORY FORM

**Patient Name:** _____ **Date of Birth:** _____ **Sex:** ☐ 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):** _____

**Did the patient have an abnormal newborn screen for *G6PD* deficiency?** ☐ No ☐ Yes
If yes, describe result: _____

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

☐ Acute hemolytic anemia after exposure to oxidative stress (infection/certain medications/fava beans)
☐ Chronic non-spherocytic hemolytic anemia
☐ Jaundice or hyperbilirubinemia
☐ Splenomegaly
☐ Cholelithiasis
☐ Other Symptom: _____

**Has the patient undergone previous DNA testing for *G6PD* deficiency?** ☐ No ☐ Yes ☐ Unknown
If yes, describe the test(s) and results: _____

**Laboratory Findings**

| | | | | |
|---|---|---|---|---|
| *G6PD* quantitative enzyme level: | ☐ Normal | ☐ Abnormal | ☐ Unknown | ☐ Not Performed |
| Rapid fluorescent spot test: | ☐ Normal | ☐ Abnormal | ☐ Unknown | ☐ Not Performed |

Other: _____ ☐ Normal ☐ Abnormal

**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 symptoms and age at diagnosis:

**Has DNA testing been performed for the 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.**

☐ **0080135 Glucose-6-Phosphate Dehydrogenase:** Quantitative enzymatic test. Preferred initial test to confirm a diagnosis of *G6PD* deficiency.

☐ **2007163 Glucose-6-Phosphate Dehydrogenase *(G6PD)* Sequencing:** Clinical sensitivity for *G6PD* deficiency is expected to be greater than 98% for all ethnicities.

☐ **0051684 Glucose-6-Phosphate Dehydrogenase *(G6PD)* 2 Mutations:** Clinical sensitivity in individuals of African descent is 99%. Sensitivity in other ethnicities is unknown.

☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a sequence variant previously identified in a family member; a copy of relative's lab result is REQUIRED.

**Master Label**

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