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 *G6PD* DEFICIENCY 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
☐ African (specify region): _____
☐ Asian Indian
☐ Caucasian (Mediterranean)
☐ Caucasian (N Europe)
☐ Chinese
☐ Filipino
☐ Hispanic
☐ Middle Eastern
☐ Papua New Guinea
☐ Taiwanese
☐ Thai
☐ Other: _____

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 African-Americans is 99%. Sensitivity in other ethnicities is unknown.
☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a mutation 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