

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

### PRENATAL OR EXPANDED CARRIER SCREENING 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 (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> African or African-American                          | <input type="checkbox"/> Caucasian, Finnish |
| <input type="checkbox"/> Ashkenazi Jewish                                     | <input type="checkbox"/> Caucasian, Mixed   |
| <input type="checkbox"/> Asian, East Asian (e.g., Chinese, Japanese)          | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> Asian, South Asian (e.g., Indian, Pakistani)         | <input type="checkbox"/> Middle Eastern     |
| <input type="checkbox"/> Asian, Southeast Asian (e.g., Filipino, Vietnamese)  | <input type="checkbox"/> Native American    |
| <input type="checkbox"/> Caucasian, Northern European (e.g., British, German) | <input type="checkbox"/> Pacific Islander   |
| <input type="checkbox"/> Caucasian, Southern European (e.g., Italian, Greek)  | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Caucasian, French Canadian or Cajun                  |   |

Is the patient/couple pregnant?.....  No  Yes

Is the patient's partner being tested at the same time? .....  No  Yes

**Reason for testing:**

- Carrier screening (no family history)
- Known family history. Describe: \_\_\_\_\_
- Known carrier or prior testing. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

**Check the test you intend to order.**

- 2014677 Expanded Carrier Screen by Next Generation Sequencing with Fragile X
- 2014680 Expanded Carrier Screen by next Generation Sequencing

**Master Label**

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