

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

2014680 EXPANDED CARRIER SCREEN BY NEXT GENERATION SEQUENCING

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

Is the patient/couple pregnant?..... No Yes **Due Date:** __/__/__

First pregnancy? No Yes

Egg/sperm donor? No Yes

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

Clinical indication for testing:

- Family history and/or partner positive screen: Z84.89
- Screening for genetic disease carrier status: Z31.430, Z31.440
- Family history of consanguinity: Z84.3
- Supervision, normal 1st pregnancy: Z34.00, Z34.01, Z34.02, Z34.03
- Supervision, other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
- Other genetic carrier status: Z14.8
- High-risk ethnicity: Z15.89
- Other ICD-10 codes: _____

Relevant family history or prior testing (required):



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