

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 PERIODIC FEVER SYNDROMES 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 Asian Hispanic Native American
 Ashkenazi Jewish Caucasian Middle Eastern Other: _____

Suspected Diagnosis:

- | | |
|--|--|
| <input type="checkbox"/> Blau syndrome/pediatric granulomatous arthritis | <input type="checkbox"/> Muckle-Wells Syndrome |
| <input type="checkbox"/> Cyclic Neutropenia | <input type="checkbox"/> NOMID/CINCA |
| <input type="checkbox"/> Familial Cold Autoinflammatory Syndrome (FCAS) | <input type="checkbox"/> Severe Congenital Neutropenia |
| <input type="checkbox"/> Familial Mediterranean Fever (FMF) | <input type="checkbox"/> Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) |
| <input type="checkbox"/> Hyperimmunoglobulinemia D syndrome (HIDS) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Majeed Syndrome | |

Does the patient have symptoms? No Yes (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Pyoderma gangrenosum |
| <input type="checkbox"/> Amyloidosis | <input type="checkbox"/> Joint pain/arthritis | <input type="checkbox"/> Recurrent fever |
| <input type="checkbox"/> Chronic/severe infections | <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Skin eruption/inflammation |
| <input type="checkbox"/> Colchicine treatment responsive | <input type="checkbox"/> Peritonitis | <input type="checkbox"/> Anemia (describe: _____) |
| <input type="checkbox"/> Contractures | <input type="checkbox"/> Pleuritis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Developmental delay | | |

Lab Results:

- | | | | | |
|---|---------------------------------|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Absolute neutrophil count | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Erythrocyte sedimentation rate (ESR) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Leukocytosis (WBC) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Fibrinogen serum concentration | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Not performed | <input type="checkbox"/> Unknown |

Is there any relevant family history? No Yes Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient: _____

Has DNA testing been performed for the family member(s)? No Yes Unknown

If yes, indicate: The relative is a healthy carrier affected with the disorder

Please attach a copy of the relative's DNA laboratory result. (REQUIRED for targeted familial testing.)

Indicate the name of the disorder diagnosed and the variants identified: _____

Check the test you intend to order.

- 2007370 Periodic Fever Syndromes Panel, Sequencing and Deletion/Duplication:** Next generation sequencing for genes known to cause periodic fever syndromes.
- 2002658 Familial Mediterranean Fever (MEFV) Sequencing:** Sequencing of the *MEFV* gene; clinical sensitivity is approximately 80% for familial Mediterranean fever (FMF).
- 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