

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 TACI-ASSOCIATED COMMON VARIABLE IMMUNODEFICIENCY (*TNFRSF13B*) 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: _____

Does the patient have symptoms? No Yes (check all that apply)
 Autoimmunity Hypogammaglobulinemia Pneumonia; recurrence number: _____
 Cytopenia; specify: _____ Lymphadenopathy Recurrent respiratory infections
 Gastrointestinal disease Malignancy; specify: _____ Sinusitis
 Granulomatous disease Splenomegaly
 Other symptom(s): _____

Is the patient on immunoglobulin replacement therapy? No Yes Unknown

Laboratory findings:

IgG serum levels Normal Low (result: _____ mg/dl) Not performed Unknown
 IgA serum levels Normal Low (result: _____ mg/dl) Not performed Unknown
 IgM serum levels Normal Low (result: _____ mg/dl) Not performed Unknown

Serum antibody response to vaccination:

Diphtheria & tetanus Normal Poor/absent Unknown
Haemophilus influenzae Normal Poor/absent Unknown
Streptococcus pneumoniae Normal Poor/absent Unknown

Lymphocytes (cells/ul) ... Normal Low (result: _____) High (result: _____) Not performed Unknown
 CD3 (%) Normal Low (result: _____) High (result: _____) Not performed Unknown
 CD4 (%) Normal Low (result: _____) High (result: _____) Not performed Unknown
 CD8 (%) Normal Low (result: _____) High (result: _____) Not performed Unknown
 CD19 (%) Normal Low (result: _____) High (result: _____) Not performed Unknown
 NK cell (%) Normal Low (result: _____) High (result: _____) Not performed Unknown

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:

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.

- 2007569 TACI-Associated Common Variable Immunodeficiency (*TNFRSF13B*) Sequencing:**
 Sequencing of the *TNFRSF13B* coding regions and intron/exon boundaries. Clinical sensitivity predicted to be up to 10% in individuals with a clinical diagnosis of common variable immunodeficiency.
- 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