ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, UT 84108-1221
phone: 801-583-2787 | toll free: 800-242-2787
fax: 801-584-5249 | aruplab.com

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

CADASIL (*NOTCH3* GENE) TESTING 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/Ancestry (check all that apply)
☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

Does the patient have symptoms? ..... ☐ No ☐ Yes (check all that apply and describe)

☐ Ischemic events ☐ Mood disorders ☐ Cognitive defects ☐ Migraine with aura

☐ Stroke ☐ Depression ☐ Memory loss ☐ Seizures

☐ Transient ischemic attacks (TIA) ☐ Personality changes ☐ Attention deficits

☐ Other symptom(s): _____

Has the patient undergone an MRI for brain imaging studies? ..... ☐ No ☐ Yes ☐ Unknown

If yes, describe results: _____

Has the patient undergone previous DNA testing for CADASIL? ..... ☐ No ☐ Yes ☐ Unknown

If yes, describe results: _____ ☐ Normal ☐ Abnormal ☐ 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 and age of onset:

_____

_____

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 variant testing)

Check the test you intend to order.

☐ **3004383 CADASIL: Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (*NOTCH3*), Sequencing;** Sequence analysis of NOTCH3 coding regions; clinical sensitivity 95%

Master Label

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