ARUP® LABORATORIES

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

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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

BIOCHEMICAL GENETIC TESTING PATIENT HISTORY FORM

Patient Name: ____________________ **Date of Birth:** ____________________

Sex Assigned at Birth: ☐Female ☐Male ☐Intersex **Gender Identity (optional):** ☐Female ☐Male ☐__________

Provider: ____________________ **Provider Phone:** ____________________

Practice Specialty: ____________________ **Provider Fax:** ____________________

Genetic Counselor: ____________________ **Counselor Phone:** ____________________

Reason for testing:

☐ Diagnostic: ____________________ ☐ Monitoring for: ____________________

☐ Abnormal newborn screen for: ____________________ ☐ Other____________________

List any pertinent prior testing: ____________________

Genetic testing: ____________________

Symptoms (please attach clinical notes, if available): .... ☐ No ☐ Yes (check all that apply)

☐ Acidosis ☐ Developmental regression ☐ Microcephaly
☐ Cardiomyopathy ☐ Failure to thrive ☐ Organomegaly
☐ Coarse features ☐ Hyperammonemia ☐ Seizures
☐ Corneal clouding ☐ Hypoglycemia ☐ Skeletal anomalies
☐ Developmental Delay ☐ Macrocephaly ☐ Other symptom(s):____________________

Patient's current medications (including antibiotics, anticonvulsants, and enzyme replacement therapy): ____________________

Current Diet/Formula/TPN: ____________________

Has patient had a transfusion? ☐ No ☐ Yes: Date of transfusion ____________________

Type of transfusion: ☐ PRBC ☐ FFP ☐ Whole blood ☐ Platelets

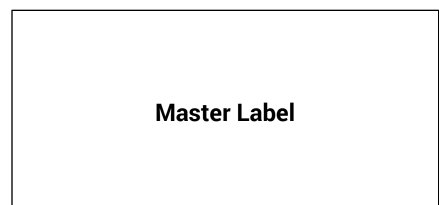
Family History: (Please attach pedigree, if available)

Other similarly affected family members? ____________________

Comments or special instructions:____________________

Please submit this form with the sample or fax this form to ARUP Biochemical Genetics Laboratory at 801-584-5249.

For questions, contact the ARUP Biochemical Genetics Laboratory at 800-242-2787 ext. 3922.



Master Label

Private Information