

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

**PATIENT HISTORY FORM FOR *UGT1A1* SEQUENCING**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:**  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):** \_\_\_\_\_

**Indication for Testing**

Gilbert syndrome  Dosage planning (e.g., irinotecan or atazanavir)  
 Crigler-Najjar syndrome  Other: \_\_\_\_\_  
 Elevated bilirubin

**Laboratory findings:**

Total serum bilirubin .....  Normal  Abnormal (result: \_\_\_\_\_ mg/dL)  Not Performed  Unknown  
Haptoglobin .....  Normal  Abnormal (result: \_\_\_\_\_)  Not Performed  Unknown  
CBC .....  Normal  Abnormal (result: \_\_\_\_\_)  Not Performed  Unknown  
AST/ALT .....  Normal  Abnormal (result: \_\_\_\_\_)  Not Performed  Unknown  
Other: \_\_\_\_\_ (result: \_\_\_\_\_)

**Has the patient had an allogeneic bone marrow or umbilical cord blood transplant?** .....  No  Yes  Unknown

**Has the patient undergone previous DNA testing for *UGT1A1*?** .....  No  Yes  Unknown

If yes, describe the test(s) and results: \_\_\_\_\_

**Is there any relevant family history of Crigler-Najjar/Gilbert syndromes?** .....  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 mutation testing).

**Check the test you intend to order.**

Recommended first-tier test for Crigler-Najjar/Gilbert syndromes:

**3004386 *UGT1A1* Sequencing**

Related test for irinotecan or atazanavir dosage planning:

**0051332 UDP Glucuronosyltransferase 1A1 (*UGT1A1*) Genotyping**

Targeted testing for known mutation(s):

**2001961 Familial Mutation, Targeted Sequencing:** Tests for sequence variant(s) 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.**