

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 *UGT1A1* SEQUENCING

Patient Name: _____ **Date of Birth:** _____ **Sex:** Female Male
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: _____

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 allogenic 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 and results: _____

Is there any relevant family history of Crigler-Najjar/Gilbert? 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),
 or indicate the result: _____

Check the test you intend to order.

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

- 3001755** *UGT1A1* Sequencing; Gilbert and Crigler-Najjar Syndromes (*UGT1A1*) Sequencing

Recommended first-tier test for irinotecan or atazanavir dosage planning:

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

Targeted testing for known mutation:

- 2001961** Familial Mutation, Targeted Sequencing: targeted testing for a known familial sequence variant; a copy of relative's lab result is REQUIRED.

Master Label

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