ARUP LABORATORIES

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

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

# ALPORT SYNDROME TESTING PATIENT HISTORY FORM

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

**Ordering Provider:** _____ **Provider's Phone:** _____

**Practice Specialty:** _____ **Provider's Fax:** _____

**Genetic Counselor:** _____ **Counselor 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 of Alport syndrome?** ☐ No ☐ Yes (check all that apply and describe)

**Renal Findings:**

- ☐ Hematuria
- ☐ Proteinuria
- ☐ Renal insufficiency
- ☐ End-stage renal failure (age of onset: _____)

**Ocular Findings:**

- ☐ Anterior lenticonus
- ☐ Cataracts
- ☐ Corneal vesicles or erosion
- ☐ Maculopathy

**Auricular finding:**

- ☐ Sensorineural hearing loss (age of onset: _____)

**Smooth muscle tumors:**

- ☐ Leiomyomatosis

☐ **Other symptoms(s):** _____

**Has the patient undergone previous germline DNA testing for Alport syndrome?** ..... ☐ No ☐ Yes ☐ Unknown

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

**Is there any family history of Alport syndrome?** ..... ☐ 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.**

☐ **3002685 Alport Syndrome Panel, Sequencing and Deletion/Duplication:** Clinical Sensitivity is 97-100%.

☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a pathogenic variant previously identified in a family; a copy of relative's lab result is REQUIRED.

☐ **3003144 Deletion/Duplication Analysis by MLPA:** Tests for a large deletion/duplication previously identified in a family member in *COL4A5* gene. A copy of relative's lab result is recommended.

**Master Label**

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