

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

MODY AND NEONATAL DIABETES 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? No Yes (If yes, age of onset: _____) **Check all symptoms that apply below.**

- | | |
|--|--|
| <input type="checkbox"/> Persistent hyperglycemia (plasma glucose: _____mg/dL) | <input type="checkbox"/> Endogenous insulin production 5 years after onset |
| <input type="checkbox"/> Glucosuria | <input type="checkbox"/> Low insulin requirement |
| <input type="checkbox"/> Ketonuria | <input type="checkbox"/> Lack of obesity or acanthosis nigricans |
| <input type="checkbox"/> Intrauterine growth restriction | <input type="checkbox"/> Lack of ketoacidosis when insulin omitted |
| <input type="checkbox"/> Absence of pancreatic islet antibodies | <input type="checkbox"/> Normal triglyceride and HDL levels |
| <input type="checkbox"/> Low or undetectable plasma insulin and C-peptide | <input type="checkbox"/> Measurable C-peptide |
| <input type="checkbox"/> Low fecal elastase and high stool fat | |
| <input type="checkbox"/> Other symptom(s): _____ | |

Has the patient undergone previous germline DNA testing for MODY or neonatal diabetes? No Yes Unknown

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

Is there any relevant family history of MODY or neonatal diabetes?..... No Yes Unknown

If yes, attach a pedigree or specify the relative's diagnosis & relationship to the patient. List symptoms and age of onset: _____

Has DNA testing been performed for family member(s)?..... No Yes Unknown

If yes, attach a copy of the relative's DNA laboratory result.

Check the test you intend to order.

3001593 MODY and Neonatal Diabetes Panel, Sequencing: Multigene panel with >70% clinical sensitivity for MODY and neonatal diabetes.

2006274 Inherited Insulin Resistance Syndromes (INSR) Sequencing:
Sanger sequencing of *INSR* gene; ~90 clinical sensitivity for individuals with syndromic inherited insulin resistance syndromes.

2001961 Familial Mutation, Targeted Sequencing:
Tests for a variant previously identified at ARUP Laboratories in a family member; a copy of relative's lab result is REQUIRED.



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