

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

ARTHROGRYPOSIS PANEL 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): _____

Suspected diagnosis:

Distal arthrogryposis Multiple congenital contractures Fetal akinesia Amyoplasia
 Other: _____

Does the patient have symptoms? No Yes (check all that apply and describe)

Decreased fetal movement Hypotonia
 Contractures (location): _____ Pterygium (webbing) of joints
 Dimples near joints with contractures Seizures
 Abnormal position of hands/feet Maternal conditions (please specify): _____
 Polyhydramnios _____
 IUGR In utero infection (please specify): _____
 Lung hypoplasia _____
 Developmental delay/intellectual disability Other: _____
 CNS anomalies _____

Does the patient have any radiographic findings?..... No Yes (describe details below) Unknown

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

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

Is there any relevant family history of arthrogryposis? 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.

- 3003917 DARTH R NGS Distal Arthrogryposis Panel, Sequencing Multigene panel:** to confirm the etiology of distal arthrogryposis.
- 2001961 Familial Mutation, Targeted Sequencing:** Targeted testing for a known familial sequence variant; a copy of relative's lab result is REQUIRED.



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