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.

ARTHROGRYPOSIS PANEL TESTING PATIENT HISTORY FORM

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

Sex Assigned at Birth: ☐Female ☐Male ☐Intersex **Gender Identity (optional):** ☐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): _____

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

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 variant testing).

Master Label

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