



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.

FAMILIAL TARGETED SEQUENCING TESTING PATIENT HISTORY FORM

An affected relative's laboratory report must accompany this sample. To perform familial targeted sequencing, a copy of a relative's laboratory report documenting the gene and specific variant(s) is REQUIRED.

Patient Name: _____ Date of Birth: _____
 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: _____

List gene variant(s) for which the patient or fetus is seeking testing. Please contact an ARUP genetic counselor to confirm testing is available for the gene/variant(s) of interest.

Sample type to be tested (Testing on direct amniotic fluid and direct chorionic villi sampling (CVS) is not available.):

- Whole blood
- Cultured amniocytes
- Cultured CVS

Patient/Family History:

Does the patient or fetus have symptoms?..... No Yes
List all symptoms: _____

Is there any relevant family history of the disease?..... No Yes Unknown
Specify the relationship of the family member(s) to the patient or fetus: _____

The family member is: A healthy carrier Affected

FOR FETAL SAMPLES:

Date of collection: _____ Gestational age at collection: _____ weeks _____ days

Fetal Sex: Female Male Unknown

Indicated by: Ultrasound FISH/karyotype cfDNA

Is the patient the biological parent of the fetus? Yes No

Client will culture two T-25 flasks of cultured amniocytes or cultured CVS for testing.

Will the client maintain a backup culture? No Yes

OR

ARUP will culture cells and maintain a backup culture at an additional cost. Turnaround time will be extended. Order ARUP test code 0040182.

A maternal blood sample will be included for Maternal Cell Contamination studies (highly recommended for test interpretation; order ARUP test code 0050608 on maternal sample).

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

