



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

500 Chipeta Way
Salt Lake City, UT 84108-1221
phone: 801-583-2787 | toll free: 800-242-2787
fax: 801-584-5249 | aruplab.com

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: _____

Gene variant(s) for which the patient or fetus is seeking testing (NOT all genes/variants are available):

Sample type to be tested (direct amniotic fluid and direct chorionic villi sampling (CVS) will not be tested):

- Whole blood
- Cultured amniocytes
- Cultured CVS

FOR FETAL SAMPLES:

Client will culture 2 T-25 flasks of cultured amniocytes or cultured CVS.
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 a proper test interpretation; order ARUP test code 0050608 on maternal sample).

Fetal Sex: Female Male Unknown
Indicated by: Ultrasound FISH/karyotype NIPT

Gestational age (if known): _____ weeks ____ days

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

