ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

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 fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR EARLY-ONSET ALZHEIMER'S DISEASE (AD) TESTING

(Required for testing of presymptomatic individuals)

Patient Name: ____________________ **Date of Birth:** ____________ **Sex:** ☐ Female ☐ Male

Physician: ____________________ **Physician Phone:** ____________________

Practice Specialty: ____________________ **Physician Fax:** ____________________

Genetic Counselor: ____________________ **Counselor Phone:** ____________________

Patient's Ethnicity (check all that apply)

☐ African-American ☐ Asian ☐ Hispanic ☐ Native American

☐ Ashkenazi Jewish ☐ Caucasian ☐ Middle Eastern ☐ Other: ____________________

Does the patient have symptoms of AD?........ ☐ No ☐ Yes ☐ Unknown

If yes, indicate age of onset: ____________
(Note: This test is recommended only for patients diagnosed younger than age 65.)

Describe symptoms: ____________________

Has the patient undergone previous germline DNA testing? .... ☐ No ☐ Yes ☐ Unknown

If yes, describe the test and results: ____________________

____

Is there any relevant family history?........ ☐ 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),

or indicate the result: ____________________

Check the test you intend to order.

☐ **3001585** Early-Onset Alzheimer's Panel, Sequencing: Clinical sensitivity is 60–80% for individuals diagnosed with AD prior to age 65.

☐ **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.

Master Label