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

PATIENT HISTORY FOR HEREDITARY HEMORRHAGIC TELANGIECTASIA (HHT) TESTING

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? ..... ☐ No ☐ Yes (check all that apply)

☐ Nosebleeds (frequency): _____
☐ Telangiectasia (locations): _____
☐ Capillary malformation: ☐ Multiple ☐ Solitary Location: _____
☐ Brain AVM
☐ Liver AVM
☐ Lung AVM
☐ Spinal AVM
☐ Juvenile polyps
☐ Pulmonary hypertension
☐ Stroke (age): _____
☐ Other symptom(s): _____

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

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

_____

Is there any relevant family history? ..... ☐ No ☐ Yes ☐ Unknown

If yes, attach a pedigree or specify each affected 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.

For symptomatic individuals who meet clinical criteria for HHT

☐ **0051382 HHT (*ACVRL1* and *ENG*) Sequencing and Deletion/Duplication:** Clinical sensitivity 85% for HHT
☐ **2009008 HHT (*ACVRL1* and *ENG*) Sequencing and Deletion/Duplication with Reflex to *SMAD4* Sequencing and Deletion/Duplication:** Clinical sensitivity 87% for HHT

For symptomatic individuals who do not meet clinical criteria for HHT

☐ **2009337 Hereditary Hemorrhagic Telangiectasia (HHT) Panel, Sequencing and Deletion/Duplication:** Components of this panel are available individually (See aruplab.com.)

When an HHT gene mutation has previously been identified in a family member

☐ **2001961 Familial Mutation, Targeted Sequencing**
☐ **0051348 HHT (*ACVRL1* and *ENG*) Deletion/Duplication**

Master Label

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