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 FAMILIAL MEDITERRANEAN FEVER (FMF) TESTING

Patient Name _____ **Date of Birth** _____ **Sex** ☐ F ☐ M

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 and describe)

☐ Abdominal pain ☐ Joint pain/arthritis ☐ Renal amyloidosis
☐ Chest pain ☐ Peritonitis ☐ Skin eruption/inflammation
☐ Colchicine treatment responsive ☐ Pleuritis ☐ Other symptom(s): _____
☐ End stage renal disease ☐ Recurrent fever _____

Laboratory Findings

Erythrocyte sedimentation rate (ESR)..... ☐ Normal ☐ Abnormal ☐ Not performed ☐ Unknown
Leukocytosis (WBC)..... ☐ Normal ☐ Abnormal ☐ Not performed ☐ Unknown
Fibrinogen serum concentration..... ☐ Normal ☐ Abnormal ☐ Not performed ☐ Unknown

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

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

_____

Is there any relevant family history of FMF? ☐ No ☐ Yes ☐ Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient: _____

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.)

The relative is: ☐ a healthy carrier ☐ affected

Check the test you intend to order.

☐ **2002658 Familial Mediterranean Fever (*MEFV*) Sequencing:** Sequencing of the entire *MEFV* coding region and intron/exon boundaries; clinical sensitivity is approximately 80%.

☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a mutation previously identified in a family member; a copy of relative's lab result is REQUIRED.

Master Label

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