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 complete and submit with the test request form or electronic packing list.

ALPORT SYNDROME TESTING PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____ **Sex:** ☐ Female ☐ Male

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

Does the patient have symptoms? ..... ☐ No ☐ Yes (check all that apply)

☐ Anterior lenticonus ☐ Hematuria ☐ Proteinuria

☐ Corneal erosion ☐ Hypertension ☐ Renal Insufficiency

☐ End stage renal disease (age:_____) ☐ Maculopathy ☐ Sensorineural hearing loss (age:_____)

☐ Other symptom(s): _____

Has the patient undergone previous DNA testing for Alport syndrome? ..... ☐ 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 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, describe test result and include a copy of the relative's lab report: _____

_____

Check the test you intend to order.

☐ **2002398 Alport Syndrome, X-Linked (*COL4A5*) Sequencing and Deletion/Duplication:** Sensitivity is ~90% for X-linked Alport syndrome.

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

☐ **3003144 Deletion/Duplication Analysis by MLPA:** Tests large *COL4A5* deletion/duplication previously identified in a family member; copy of relative's lab report is REQUIRED.

Master Label

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