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 HEREDITARY HEMOLYTIC ANEMIA TESTING

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

Physician: _____ **Physician Phone:** _____

Practice Specialty: _____ **Physician Fax:** _____

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

Patient Ethnicity/Ancestry (check all that apply)
☐African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other _____
List countries of origin if known: _____

Suspected clinical diagnosis: _____

Does the patient have symptoms of a hereditary hemolytic anemia disorder? ..... ☐ No ☐ Yes (check all that apply)

☐ Anemia ☐ Fatigue ☐ Gallstones ☐ Hemolytic crisis ☐ Jaundice ☐ Splenomegaly

☐ Other symptom(s): _____

Laboratory Findings (please attach recent CBC or provide values below)

CBC date: _____ RBC: _____ HGB: _____ HCT: _____ MCV: _____ MCHC: _____ RDW: _____ Retic: _____

Blood smear abnormalities: _____

Bilirubin..... ☐ Normal ☐ Not performed ☐ Abnormal: _____

Hemoglobin evaluation ..... ☐ Normal ☐ Not performed ☐ Abnormal: _____

Osmotic Fragility..... ☐ Normal ☐ Not performed ☐ Abnormal: _____

EMA/RBC Band 3 Protein Reduction . ☐ Normal ☐ Not performed ☐ Abnormal: _____

G6PD..... ☐ Normal ☐ Not performed ☐ Abnormal: _____

Pyruvate kinase..... ☐ Normal ☐ Not performed ☐ Abnormal: _____

Other: _____ ☐ Normal ☐ Abnormal: _____

Other: _____ ☐ Normal ☐ Abnormal: _____

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

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

_____

Is there any relevant family history of hemolytic anemia disorder?..... ☐ 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.)

Check the test you intend to order.

☐ **3000894** Hereditary Hemolytic Anemia Cascade

☐ **2012052** Hereditary Hemolytic Anemia Panel, Sequencing

☐ **3002059** Pyruvate Kinase Deficiency (PKLR) Sequencing:
Clinical sensitivity 98% for pyruvate kinase deficiency.

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

☐ **Other:** _____

Master Label

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