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 CHARGE SYNDROME 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: _____

Clinical Diagnosis of CHARGE syndrome? ☐ Yes ☐ Suspected ☐ Unknown

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

☐ Characteristic facial features ☐ Cranial nerve dysfunction/anomaly ☐ Growth deficiency

☐ Choanal atresia/stenosis ☐ Developmental delay ☐ Ocular coloboma

☐ Cleft lip/palate ☐ Genital hypoplasia ☐ Tracheoesophageal (TE) fistula

☐ Congenital heart defect; describe: _____

☐ Ear abnormalities; describe: _____

☐ Other symptom(s): _____

Has the patient undergone previous DNA testing for CHARGE 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, attach a copy of the relative's DNA laboratory result. (REQUIRED for familial mutation testing.)

Check the test you intend to order.

☐ **2012609 CHARGE Syndrome (*CHD7*) Sequencing:** Detects 90% of CHARGE syndrome.

☐ **2012717 CHARGE Syndrome (*CHD7*) Sequencing, Fetal:** Prenatal testing for CHARGE syndrome.

☐ **2001961 Familial Mutation, Targeted Sequencing:** Tests for a previously identified familial mutation only. A copy of relative's DNA laboratory result is REQUIRED.

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

Master Label