

THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

PATIENT HISTORY FOR SPINAL MUSCULAR ATROPHY (SMA) TESTING

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): _____

Indication for Testing / Reason for Referral: (check all that apply)

- Patient has family history of SMA
- Reproductive partner has a family history of SMA; partner's carrier status is unknown
- Reproductive partner is a known SMA carrier
- Routine preconception or prenatal carrier screening
- Symptoms (described below)
- Other, describe: _____

Does the patient have symptoms? No Yes (check all that apply); age of onset: _____

- Abnormal reflexes
- Abnormal test results (EMG, NCV, histology, etc.); describe: _____
- Abnormal ultrasound findings; describe: _____
- Arthrogryposis
- Finger tremor
- Hypotonia
- Lack of motor development
- Muscle weakness
- Respiratory distress
- Tongue fasciculations
- Other symptom(s): _____

Has the patient undergone previous DNA testing? 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: _____

Has DNA testing been performed for the family member(s)? No Yes Unknown

If yes, indicate: The relative is: a carrier affected

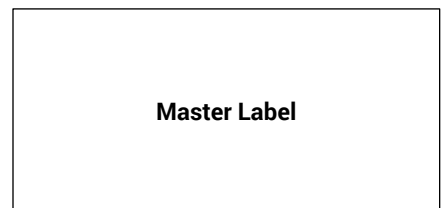
Describe the test(s) and results: _____

Check the test you intend to order.

Testing 1

- 2013436 Spinal Muscular Atrophy (SMA) Copy Number Analysis:** Confirm diagnosis of SMA or determine carrier status.
- 2013444 Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal:** Prenatal diagnosis of SMA
- Other test not listed:** _____

SMA Carrier Screening is also included in multiple expanded carrier screening panels, see online test directory at www.aruplab.com for available options.



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