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.

WILSON DISEASE *(ATP7B)* 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's 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)

☐ Liver disease:
- ☐ Cirrhosis
- ☐ Hepatomegaly
- ☐ Hepatitis
- ☐ Jaundice
- ☐ Liver failure

☐ Neurological findings:
- ☐ Abnormal movements
- ☐ Difficulty with motor tasks
- ☐ Rigidity
- ☐ Kayser-Fleischer rings

☐ Psychiatric disease:
- ☐ Anxiety/depression
- ☐ Cognitive/memory problems
- ☐ Personality/behavioral changes

☐ Other symptom(s): _____

Laboratory Findings:

Serum ceruloplasmin concentration	☐ Low	☐ High	☐ Normal	Value: mg/dL	☐ Unknown	☐ Not Performed
Serum copper concentration	☐ Low	☐ High	☐ Normal	Value: ug/dL	☐ Unknown	☐ Not Performed
Free (direct) copper concentration	☐ Low	☐ High	☐ Normal	Value: ug/dL	☐ Unknown	☐ Not Performed
24-hour urine copper concentration	☐ Low	☐ High	☐ Normal	Value: ug/24hrs	☐ Unknown	☐ Not Performed
Hepatic copper concentration	☐ Low	☐ High	☐ Normal	Value: ug/g	☐ Unknown	☐ Not Performed

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. 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 variant testing). _____

Check the test you intend to order.

Recommended first tier testing for Wilson disease:

☐ **3004411 Wilson Disease (*ATP7B*) Sequencing:**
Detects 98% of pathogenic variants causing Wilson disease.

Targeted testing for known variant (A copy of a relative's lab result is REQUIRED):

☐ **2001961 Familial Mutation, Targeted Sequencing:**
Tests for a ATP7B sequence variant previously identified in a family member; a copy of the relative's lab result is REQUIRED.

Master Label

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