

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

PATIENT HISTORY FOR HEMOPHILIA A GENE TESTING

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: Female Male Intersex **Gender Identity (optional):** 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): _____

Clinical Findings of Hemophilia: _____ None Yes (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Chronic joint disease | <input type="checkbox"/> GI bleeding/hemorrhage |
| <input type="checkbox"/> Excessive bruising | <input type="checkbox"/> Hemarthrosis |
| <input type="checkbox"/> Intracranial hemorrhage | <input type="checkbox"/> Menorrhagia |
| <input type="checkbox"/> Prolonged bleeding post trauma/surgery | |
| location: _____ | |
| frequency: _____ | |
| <input type="checkbox"/> Other: _____ | |

Indicate the disease severity in this patient: _____ N/A Mild Moderate Severe Unknown

Laboratory Findings

Factor VIII activity..... Abnormal _____% Normal Not performed
von Willebrand factor activity..... Abnormal _____% Normal Not performed

Other laboratory results: _____

Has the patient undergone previous DNA testing for hemophilia?..... No Yes Unknown

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

Is there any relevant family history of hemophilia?..... No Yes Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient: _____

The relative is: a healthy carrier affected

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).

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

Master Label