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 fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR HEARING LOSS 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: _____

Did the patient fail the newborn hearing screen? ☐ No ☐ Yes ☐ Unknown ☐ N/A

Suspected diagnosis: _____

Does the patient have hearing loss? ☐ No ☐ Yes, age of onset: _____

Laterality: ☐ Bilateral ☐ Unilateral ☐ Unknown

Classified as: ☐ Sensorineural ☐ Conductive ☐ Mixed ☐ Other

Considered: ☐ Stable ☐ Progressive ☐ Unknown

Degree:

Right ear: _____dB ☐ Unknown ☐ N/A

☐ Mild (26–40 dB) ☐ Moderate (41–55 dB) ☐ Moderate-Severe (56–70 dB) ☐ Severe (71–90 dB) ☐ Profound (>90 dB)

Left ear: _____dB ☐ Unknown ☐ N/A

☐ Mild (26–40 dB) ☐ Moderate (41–55 dB) ☐ Moderate-Severe (56–70 dB) ☐ Severe (71–90 dB) ☐ Profound (>90 dB)

Did the patient have a CT or MRI showing an enlarged vestibular aqueduct? ☐ No ☐ Yes ☐ Unknown

Does the patient have findings other than hearing loss? ☐ No ☐ Yes, please describe: _____

_____

Has this patient undergone previous DNA testing to determine the cause of hearing loss? ☐ No ☐ Yes ☐ Unknown

If yes, please list gene/mutation tested and result: _____

Does the patient have a family history of hearing loss? ☐ No ☐ Yes ☐ Unknown

If yes, please attach a pedigree or specify the relationship of family member(s) to the patient: _____

List the degree of hearing loss age(s) of onset: _____

_____

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

If yes, attach a copy of the relatives DNA laboratory result. (REQUIRED for familial mutation testing.)

PATIENT HISTORY FOR HEARING LOSS TESTING

Check the test you intend to order.

☐ **0051374 Connexin 26 (*GJB2*) Sequencing** Clinical sensitivity is approximately 95% for *GJB2* mutations and ~50% for nonsyndromic hearing loss.

☐ **2001956 Hearing Loss, Nonsyndromic, Connexin 30 (*GJB6*) 2 Deletions:** Tests for the *GJB6* 309Kb and 232Kb deletions. Clinical sensitivity is 20% in individuals with nonsyndromic hearing loss and only one identifiable Connexin 26 mutation.

☐ **2001992 Hearing Loss, Nonsyndromic Panel (*GJB2*) Sequencing, (*GJB6*) 2 Deletions and Mitochondrial DNA 2 Mutations:** Clinical sensitivity is ~50-55% for nonsyndromic hearing loss.

☐ **2008803 Expanded Hearing Loss Panel, Sequencing and Deletion/Duplication:** Most comprehensive genetic test for hearing loss at ARUP.

☐ **2001961 Familial Mutation, Targeted Sequencing** tests for a mutation previously identified in a family member; a copy of the relative's lab result is REQUIRED.

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

Master Label

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