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.

VERY LONG CHAIN ACYL-CoA DEHYDROGENASE (VLCAD) DEFICIENCY PATIENT HISTORY FORM

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): _____

Did the patient have an abnormal newborn screen? ☐ No ☐ Yes ☐ Unknown

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

☐ Cardiomyopathy ☐ Hepatomegaly ☐ Liver failure
☐ Coma ☐ Hypoglycemia ☐ Reye-like syndrome
☐ Encephalopathy ☐ Lethargy ☐ Rhabdomyolysis
☐ Other symptom(s): _____

Laboratory Findings:

Plasma acylcarnitine profile:	☐ Normal	☐ Abnormal	☐ Not performed	☐ Unknown
Urine organic acids:	☐ Normal	☐ Abnormal	☐ Not performed	☐ Unknown
Plasma carnitine (without supplements): Free/total:	☐ Normal	☐ Abnormal	☐ Not performed	☐ Unknown

Is there any relevant family history? ☐ No ☐ Yes If yes, attach a pedigree or specify the relative's relationship to the patient: _____ ☐ Unknown

Has DNA testing been performed for the family member(s)? ☐ No ☐ Yes If yes, attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing). ☐ Unknown

Check the test you intend to order.

☐ **2004212 Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing and Deletion/Duplication**: Clinical sensitivity may be as high as 95%; sequencing and deletion/duplication analysis of the ACADVL coding regions and intron/exon boundaries.

☐ **2002001 Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing:** Clinical sensitivity 80¦ 90%; sequencing of the ACADVL coding regions and intron/exon boundaries.

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

☐ **3003144 Deletion/Duplication Analysis by MLPA:** Tests for large deletion/ duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED.

Master Label

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