ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | aruplab.com

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 EXOME REANALYSIS

Patient Name _____ Date of Birth _____ Sex ☐ F ☐ M

Physician _____ Physician Phone _____

Practice Specialty _____ Physician Fax _____

Genetic Counselor _____ Counselor Phone _____

Was the ORIGINAL exome data analysis performed at ARUP? ☐ No ☐ Yes

Date of original exome sequencing analysis:_____

Dates of any RE-ANALYSES performed previously:_____

What current diagnoses or diagnostic categories are being considered for this patient?_____

_____

_____

Please describe any NEW significant clinical findings:_____

_____

_____

_____

_____

Associated Testing:

3001457 Exome Reanalysis (Originally tested at ARUP – No Specimen Required)

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

Master Label