



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.**

### EXOME/GENOME REANALYSIS PATIENT HISTORY FORM

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: \_\_\_\_\_

Reanalysis is being requested for:  Exome sequencing  Genome sequencing  Rapid genome sequencing

Was the ORIGINAL exome or genome sequencing data analysis performed at ARUP? .....  No  Yes

Date of original analysis: \_\_\_\_\_

Dates of any previously performed REANALYSES: \_\_\_\_\_

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

\_\_\_\_\_

Please describe any NEW significant clinical findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please order the corresponding reanalysis test code:**

**3001457 Exome Reanalysis**

No specimen required (please request test order be released immediately). Exome reanalysis can only be performed if the original exome testing was ordered from ARUP Laboratories after April 1, 2015.

**3005939 Genome or Rapid Genome Reanalysis**

No specimen required (please request test order be released immediately). Order for reanalysis of either genome sequencing or rapid genome sequencing.

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

