

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

## PANCREATITIS TESTING PATIENT HISTORY FORM

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:**  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):** \_\_\_\_\_

**Patient's Diagnosis**

Acute pancreatitis                       Recurrent acute pancreatitis                       Other: \_\_\_\_\_  
 Chronic pancreatitis                       Unknown

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

Abdominal pain     Diarrhea                       Malabsorption/weight loss     Oily stools  
 Diabetes               Elevated amylase and lipase     Nausea and vomiting  
 Other symptom(s): \_\_\_\_\_

**Patient Risk Factors for Pancreatitis** (check all that apply)

None (idiopathic)               Hypercalcemia               Autoimmune (describe): \_\_\_\_\_  
 Abdominal trauma               Hyperlipidemia               Infection (describe): \_\_\_\_\_  
 Gallstones                       Smoking                       Medication (describe): \_\_\_\_\_  
 Heavy alcohol use                       Other (describe): \_\_\_\_\_

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

If yes, describe the genes, disorder, methodology, and results: \_\_\_\_\_

**Is there any relevant family history?**.....  No     Yes; pancreatitis     Yes; cystic fibrosis     Yes; other     Unknown

If yes, attach a pedigree or specify the relative's relationship to the patient. List their symptoms and age of onset:

**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 mutation testing).

**Check the test you intend to order.**

- 3004788 Pancreatitis Panel (CFTR, CTRC, PRSS1, SPINK1), Sequencing:**  
Sequencing analysis of *CFTR*, *CTRC*, *PRSS1*, and *SPINK1* genes. Clinical sensitivity for idiopathic pancreatitis is ~48%.
- 2001961 Familial Mutation, Targeted Sequencing:** Tests for a variant previously identified in a family member; copy of relative's lab result is REQUIRED.
- 3003144 Deletion/Duplication Analysis by MLPA:** Tests for large *CFTR*, *PRSS1*, or *SPINK1* deletion/duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED. Test may also be ordered to assess for deletions/duplications when a previous sequencing result was not diagnostic.



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