

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

### PATIENT HISTORY FOR PANCREATITIS TESTING

**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):** \_\_\_\_\_

**Patient's Diagnosis**

Acute pancreatitis  Recurrent 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.**

- 2010876 Pancreatitis Panel (CFTR, CTRC, PRSS1 and SPINK1) Sequencing:** Clinical sensitivity for idiopathic pancreatitis (IP) of ~50%.
- 3001768 Pancreatitis (PRSS1) Sequencing and Deletion/Duplication:** Clinical sensitivity for IP of 15%.
- 2010703 Pancreatitis (CTRC) Sequencing:** Clinical sensitivity for IP of ~4%.
- 2002012 Pancreatitis (SPINK1) Sequencing:** Clinical sensitivity for IP of 15%.
- 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 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.**