

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.



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