

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

MUCOPOLYSACCHARIDOSIS (MPS) TESTING 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 Phone:** _____

Reason for testing:

Diagnostic: _____ Monitoring for: _____
 Abnormal newborn screen for: _____ Other: _____

Previous testing:

Enzyme testing results: _____ N/A
 Genetic testing results: _____ N/A

Symptoms (please attach clinical notes if available): _____ No Yes (check all that apply and describe)

Cardiomyopathy Coarse features Corneal clouding Developmental delay
 Organomegaly Short stature Skeletal anomalies Macrocephaly
 Other symptom(s): _____

Is the patient currently on enzyme replacement therapy? No Yes: _____

Other medications/treatments: _____

Has the patient received stem cell transplantation? No Yes If yes, date of transplant: _____

Family History: (Please attach pedigree)

Other similarly affected family members? _____

Check the test you intend to order:

- 0081352 Mucopolysaccharides Screen - Electrophoresis and Quantitation, Urine:** Provides measurement of total GAG levels and electrophoresis to differentiate GAGs present. Order for diagnostic testing.
- 0081357 Mucopolysaccharides, Quantitative, Urine:** Provides measurement of total GAG levels; order ONLY for therapeutic monitoring of a patient with a known MPS diagnosis.
- 2011415 Alpha-Iduronidase Enzyme Activity in Leukocytes:** Order to diagnose MPS type I (Hurler, Hurler-Scheie, Scheie)
- 3003566 Mucopolysaccharidosis Type 1/2, Total Heparan Sulfate and NRE (Sensi-Pro®) Quantitative, Serum or Plasma**
- 3003552 Mucopolysaccharidosis Type 1/2, Total Heparan Sulfate and NRE (Sensi-Pro®) Quantitative, Urine**
- 3003487 Mucopolysaccharidosis Type 4A/6, Total Chondroitin Sulfate and Dermatan Sulfate with NRE (Sensi-Pro®) Quantitative, Serum**
- 3003539 Mucopolysaccharidosis Type 4A/6, Total CS-DS and NRE (Sensi-Pro®) Quantitative, Urine**

Master Label

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