

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

**PATIENT HISTORY FOR MUCOPOLYSACCHARIDOSIS (MPS) TESTING**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  F  M  
 Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Practice Specialty \_\_\_\_\_ Physician Fax \_\_\_\_\_  
 Genetic Counselor \_\_\_\_\_ Counselor Phone \_\_\_\_\_

**Patient's Ethnicity** (check all that apply)

- African-American     Asian     Hispanic     Native American  
 Ashkenazi Jewish     Caucasian     Middle Eastern     Other: \_\_\_\_\_

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

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

**Is a particular type of MPS suspected?**  No  Yes (check all that apply)

- MPS I (Hurler/Scheie)     MPS III (Sanfilippo)     MPS VI (Maroteaux-Lamy)  
 MPS II (Hunter)     MPS IV (Morquio)     MPS VII (Sly)

**Is the patient on enzyme replacement therapy?**  No  Yes

If yes, list medication: \_\_\_\_\_

**What other medications is the patient currently taking?**

\_\_\_\_\_

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

- 0081352 Mucopolysaccharides Electrophoresis & Quantitation, Urine (MPS SCREEN):** 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 exclude or confirm MPS I following clinical or biochemical presentation.
- 2007599 Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma**
- 2007488 Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Urine**
- 2008775 Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma**
- 2009282 Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Urine**

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

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