

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

## PRENATAL OR EXPANDED CARRIER SCREENING PATIENT HISTORY FORM

2014677 EXPANDED CARRIER SCREEN BY NEXT GENERATION SEQUENCING WITH FRAGILE X

**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's Phone:** \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> African or African American<br><input type="checkbox"/> Ashkenazi Jewish<br><input type="checkbox"/> Asian, East Asian (e.g., Chinese, Japanese)<br><input type="checkbox"/> Asian, South Asian (e.g., Indian, Pakistani)<br><input type="checkbox"/> Asian, Southeast Asian (e.g., Filipino, Vietnamese)<br><input type="checkbox"/> Caucasian, Northern European (e.g., British, German)<br><input type="checkbox"/> Caucasian, Southern European (e.g., Italian, Greek)<br><input type="checkbox"/> Caucasian, French Canadian or Cajun | <input type="checkbox"/> Caucasian, Finnish<br><input type="checkbox"/> Caucasian, Mixed<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Middle Eastern<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Other _____ |
|---|---|

Is the patient/couple pregnant? .....  No  Yes **Due Date:** \_/\_/\_

First pregnancy? .....  No  Yes

Egg/sperm donor? .....  No  Yes

Is the patient's partner being tested at the same time? .....  No  Yes

**Clinical indication for testing:**

- Family history and/or partner positive screen: Z84.89
- Screening for genetic disease carrier status: Z31.430, Z31.440
- Family history of consanguinity: Z84.3
- Supervision, normal 1st pregnancy: Z34.00, Z34.01, Z34.02, Z34.03
- Supervision, other normal pregnancy: Z34.80, Z34.81, Z34.82, Z34.83
- Other genetic carrier status: Z14.8
- High-risk ethnicity: Z15.89
- Other ICD-10 codes: \_\_\_\_\_

**Relevant family history or prior testing (required):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Master Label**

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