ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

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 PULMONARY ARTERIAL HYPERTENSION (PAH) 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 ☐ Unknown If yes, check all that apply:

☐ PAH
☐ Pulmonary capillary hemangiomatosis (PCH)
☐ Pulmonary veno-occlusive disease (PVOD)
☐ Shortness of breath
☐ Syncope
☐ Fatigue
☐ Chest pain
☐ Palpitation
☐ Edema
☐ Other: _____

Does the patient have other risk factors for pulmonary hypertension? ☐ No ☐ Yes (check all that apply) ☐ Unknown

☐ Lung disease ☐ Heart disease ☐ Cirrhosis

☐ Pulmonary embolism ☐ Connective tissue disease ☐ HIV

☐ Other _____

Has the patient's mean pulmonary artery pressure been measured? ☐ No ☐ Yes ☐ Unknown

If yes, what was result at rest? _____mmHg ☐ Normal ☐ Abnormal ☐ Unknown

What was result during exercise? _____mmHg ☐ Normal ☐ Abnormal ☐ Unknown

Has the patient undergone previous DNA testing for this condition? ☐ No ☐ Yes ☐ Unknown

If yes, describe the test performed and results: _____

_____

Is there any relevant family history? ☐ No ☐ Yes ☐ 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.

☐ **2009345 Pulmonary Arterial Hypertension (PAH) Panel, Sequencing and Deletion/Duplication:** Next generation sequencing and microarray coverage of select genes associated with PAH

☐ **2003405 Pulmonary Arterial Hypertension (*BMPR2*) Sequencing and Deletion/Duplication**

☐ **2010696 *EIF2AK4*-Related Disorders (*EIF2AK4*) Sequencing**

☐ **2001961 Familial Mutation, Targeted Sequencing:** Targeted testing for sequence variants previously identified in a family member; a copy of the relative's lab result is REQUIRED.

Master Label

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