ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

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

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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 GENOMIC MICROARRAY TESTING

Patient Name _____ **Date of Birth** _____ **Sex** ☐ F ☐ M

Physician _____ **Physician Phone** _____

Practice Specialty _____ **Physician Fax** _____

Genetic Counselor _____ **Counselor Phone** _____

Clinical Information (check all that apply)

Perinatal History
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Prematurity
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other: _____

Growth
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Failure to thrive
- ☐ Overgrowth
- ☐ Short stature
- ☐ Other: _____

Development
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Fine motor delay
- ☐ Gross motor delay
- ☐ Speech delay
- ☐ Other: _____

Cognitive
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Learning disability
- ☐ Intellectual disability
- ☐ List IQ/DQ, if known: _____
- ☐ Other: _____

Behavioral
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Asperger syndrome features
- ☐ Autism
- ☐ Oppositional defiant disorder
- ☐ Obsessive compulsive disorder
- ☐ Pervasive developmental delay
- ☐ Other: _____

Neurological
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Ataxia/dystonia/chorea
- ☐ Hypotonia
- ☐ Neural tube defect
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Other: _____

Cardiac
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ ASD
- ☐ AV canal defect
- ☐ Coarctation of aorta
- ☐ Hypoplastic left heart
- ☐ Tetralogy of fallot
- ☐ VSD
- ☐ Other: _____

Craniofacial
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Cleft lip +/- cleft palate
- ☐ Cleft palate alone
- ☐ Coloboma
- ☐ Craniosynostosis
- ☐ Dysmorphic facial features
- ☐ Ear malformation
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ List HC, if known: _____
- ☐ Other: _____

Cutaneous
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Hyperpigmentation
- ☐ Hypopigmentation

Musculoskeletal
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Contractures
- ☐ Club foot
- ☐ Diaphragmatic hernia
- ☐ Limb anomaly
- ☐ Polydactyly
- ☐ Scoliosis
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other: _____

Gastrointestinal
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Gastroschisis
- ☐ Hirschsprung disease
- ☐ Omphalocele
- ☐ Pyloric stenosis
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Genitourinary
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Undescended testis
- ☐ Urethra/ureter obstruction
- ☐ Other: _____

Family History
- ☐ Not evaluated
- ☐ No relevant family history
- ☐ Parents with ≥ two miscarriages
- ☐ Other relatives with similar clinical history (explain below)

Clinical Descriptions—Include any additional relevant clinical information not provided above.

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In cooperation with the National Institutes of Health's effort to improve understanding of specific genetic variants, ARUP submits HIPAA-compliant, de-identified (cannot be traced back to the patient) genetic test results and health information to public databases. The confidentiality of each sample is maintained. If you prefer that your test result not be shared, call ARUP at (800) 242-2787, ext. 3301. Your de-identified information will not be disclosed to public databases after your request is received, but a separate request is required for each genetic test. Additionally, patients have the opportunity to participate in patient registries and research. To learn more, visit www.aruplab.com/genetics/resources.

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

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