

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

EHLERS-DANLOS KYPHOSCOLIOTIC (TYPE VI) TESTING PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____ **Sex:** Female Male
Ordering Provider: _____ **Provider's Phone:** _____
Practice Specialty: _____ **Provider's Fax:** _____
Genetic Counselor: _____ **Counselor Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

African American/Black Asian Hispanic White Other: _____

List country of origin (if known): _____

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

- Arterial rupture
- Atrophic scarring
- Hypotonia
- Joint hypermobility
- Kyphoscoliosis
- Respiratory compromise
- Thin hyperextensible skin
- Other symptom(s): _____

Laboratory Findings

Deoxyypyridinoline: Pyridinoline crosslinks in urine:

Normal Abnormal Not performed Unknown List ratio: _____

Lysyl hydroxylase activity in fibroblasts:

Normal Abnormal Not performed Unknown List percent activity: _____

Collagen screening in fibroblasts:

Normal Abnormal Not performed Unknown

Has DNA testing been performed for the patient? No Yes Unknown

If yes, list any relevant tests 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. _____

Has DNA testing been performed for the family member(s)? No Yes Unknown

If yes, list the *PLOD1* variant(s) in the family member: _____

The relative is: a healthy carrier affected with EDS VI

Check the test you intend to order.

- 0080351 Ehlers-Danlos Syndrome Type VI Screen:** Urine screen. Initial test to diagnose or rule out Ehlers-Danlos Syndrome, Type VI A (kyphoscoliotic type). This testing is NOT recommended to screen for other types of EDS.

Master Label

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