ARUP LABORATORIES

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 complete and submit with the test request form or electronic packing list.

MALIGNANT HYPERTHERMIA (MH) TESTING PATIENT HISTORY FORM

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/Ancestry (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

Indication for testing: ☐ Confirm diagnosis ☐ Pharmacogenetic testing

Does the patient have a personal history of an MH event?

..... ☐ No ☐ Yes (☐ suspected event ☐ confirmed event) ☐ Unknown

- ☐ Respiratory acidosis
- ☐ Cardiac involvement (sinus tachycardia, ventricular tachycardia, ventricular fibrillation)
- ☐ Metabolic acidosis
- ☐ Rhabdomyolysis
- ☐ Muscle rigidity (generalized or severe masseter)
- ☐ Rapidly increasing temperature
- ☐ Reversal of MH signs with dantrolene
- ☐ Elevated resting serum CK concentration
- ☐ Other symptom(s): _____

Has the patient had caffeine/halothane contracture test (CHCT or IVCT)? ☐ Not performed ☐ Unknown ☐ Yes (describe result)
☐ MHS (susceptible) ☐ MHN (negative) ☐ Other _____

Has the patient undergone previous germline DNA testing for MH? ..... ☐ No ☐ Yes ☐ Unknown
If yes, describe the test(s) and results: _____

_____

Is there family history of MH? ..... ☐ 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 variant testing).

Master Label

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