

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:** 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): _____

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 mutation testing).

Check the test you intend to order.

- 3002688 Malignant Hyperthermia Panel, Sequencing.** Assesses for variants in *CACNATS* and *RYR1*. Clinical sensitivity up to 60% for MH susceptibility.
- 2001961 Familial Mutation, Targeted Sequencing.** Tests for a sequence variant previously identified in a family member; a copy of relative's lab result is REQUIRED.

Master Label

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