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 INHERITED INSULIN RESISTANCE SYNDROMES (*INSR*) 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 (check all that apply)

☐ Acanthosis nigricans ☐ Dysmorphic features ☐ Intrauterine growth restriction

☐ Amenorrhea ☐ Enlarged genitalia ☐ Lack of subcutaneous fat

☐ Cystic ovaries ☐ Failure to thrive ☐ Pineal hyperplasia

☐ Diabetes mellitus ☐ Gingival hyperplasia ☐ Premature/dysplastic teeth

☐ Distended abdomen ☐ Hirsutism ☐ Thick skin

☐ Other symptom(s): _____

Laboratory Findings:

Glucose (fasting) ..... ☐ Normal ☐ Low (result:_____) ☐ High (result: _____) ☐ Not performed ☐Unknown

Glucose (post prandial)..... ☐ Normal ☐ Low (result:_____) ☐ High (result: _____) ☐ Not performed ☐ Unknown

Insulin..... ☐ Normal ☐ Low (result: _____) ☐ High (result: _____) ☐ Not performed ☐ Unknown

Insulin binding (fibroblasts) ... ☐ Normal ☐ Abnormal (% binding: _____) ☐ Not performed ☐ Unknown

Hyperandrogenism ..... ☐ No ☐ Yes (describe: _____)

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: _____

_____

_____

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.

☐ **2006274 Inherited Insulin Resistance Syndromes (*INSR*) Sequencing:** Sequencing of the *INSR* coding regions and intron/exon boundaries. Clinical sensitivity predicted to be greater than 90% in individuals with a clinical diagnosis of Donohue syndrome (Leprechaunism), Rabson-Mendenhall syndrome, and Type A insulin resistance.

☐ **2001961 Familial Mutation, Targeted Sequencing.** Tests for an *INSR* mutation 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