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.

GENOMIC MICROARRAY 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:** _____

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.

_____

_____

_____

_____

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 aruplab.com/genetics.

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

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