

**THIS IS NOT A TEST REQUEST FORM.**  
**The information below is required to perform EDS VI testing.**  
**Please fill out this form and submit it with the test request form or electronic packing list.**

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

**Patient's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender**  F  M  
**Physician** \_\_\_\_\_ **Physician's Phone** (\_\_\_\_) \_\_\_\_\_ **Practice Specialty** \_\_\_\_\_  
**Genetic Counselor** \_\_\_\_\_ **Counselor's Phone #** (\_\_\_\_) \_\_\_\_\_

**Patient's Ethnicity** (check all that apply)  
 African American     Ashkenazi Jewish     Asian     Caucasian  
 Hispanic     Middle Eastern     Native American     Other \_\_\_\_\_

**Does the patient have SYMPTOMS?**     No     Yes     Unknown    If yes, check all that apply  
 Kyphoscoliosis     Thin hyperextensible skin     Arterial rupture  
 Hypotonia     Atrophic scarring     Respiratory compromise  
 Joint hypermobility     Other \_\_\_\_\_

**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

**Does the patient have a FAMILY HISTORY OF EDS VI?**  No     Yes  
If yes, attach a PEDIGREE or specify the **RELATIONSHIP** of family member(s) to the patient. \_\_\_\_\_  
Is the relative  a healthy carrier or  affected with EDS VI?  
What are the *PLODI* mutations in the family member? \_\_\_\_\_

**Circle the test you intend to order.**

- 2005559 Ehlers-Danlos Syndrome Kyphoscoliotic Form, Type VI (*PLODI*) Sequencing and Deletion/Duplication:** Sequencing and deletion/duplication analysis of *PLODI* coding regions and intron/exon boundaries. Clinical sensitivity of this test is unknown.
- 2005555 Ehlers-Danlos Syndrome Kyphoscoliotic Form, Type VI (*PLODI*) Deletion/Duplication:** Deletion/duplication analysis of *PLODI* coding regions. Clinical sensitivity of this test is approximately 20%.
- 2001961 Familial Mutation, Targeted Sequencing:** A copy of the relative's DNA lab result is REQUIRED for this test.

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

Master Label