

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

**PATIENT HISTORY FOR HEARING LOSS TESTING**

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender**  F  M

**Physician** \_\_\_\_\_ **Physician Phone** (\_\_\_\_) \_\_\_\_\_ **Practice Specialty** \_\_\_\_\_

**Genetic Counselor** \_\_\_\_\_ **Counselor Phone** (\_\_\_\_) \_\_\_\_\_

**Patient's Ethnicity** (check all that apply)

- African-American     Ashkenazi Jewish     Asian     Caucasian  
 Hispanic     Middle Eastern     Native American     Other \_\_\_\_\_

**Did the patient fail the NEWBORN HEARING SCREEN?**     No     Yes     Unknown     N/A

**Does the patient have hearing loss?**     No     Yes    If yes, the AGE OF ONSET was \_\_\_\_\_

**Laterality of the hearing loss is:**     Bilateral     Unilateral     Unknown  
**The hearing loss is classified as:**     Sensorineural     Conductive     Mixed     Other \_\_\_\_\_  
**The hearing loss is considered:**     Stable     Progressive     Unknown

**Degree of hearing loss:**    Right ear: \_\_\_\_\_ dB    Left ear: \_\_\_\_\_ dB  
 Mild (26-40 dB)     Moderate (41-55 dB)     Moderate-Severe (56-70 dB)     Severe (71-90 dB)     Profound (>90 dB)  
 Unknown     N/A

**Did the patient have a CT or MRI showing an enlarged vestibular aqueduct?**     No     Yes     Unknown

**Does the patient have findings other than hearing loss?**     No     Yes; please describe \_\_\_\_\_

**Has this patient undergone previous DNA testing to determine the cause of hearing loss?**     No     Yes     Unknown  
If yes, please list gene/mutation tested and result \_\_\_\_\_

**Does the patient have a FAMILY HISTORY of hearing loss?**     No     Yes     Unknown  
If yes, specify the RELATIONSHIP of affected family member(s) to the patient and detail the degree of hearing loss and age of onset in each \_\_\_\_\_

If a family member has had previous DNA testing, please list the result or provide the report \_\_\_\_\_

**Circle the HEARING LOSS TEST you intend to order.**

**2001992 Hearing Loss, Nonsyndromic Panel (GJB2) Sequencing, (GJB6) 2 Deletions and Mitochondrial DNA 2 Mutations**  
Clinical sensitivity is ~50-55% for nonsyndromic hearing loss.

**0051374 Connexin 26 (GJB2) Sequencing** GJB2 sequencing and targeted testing of the 35delG mutation. Clinical sensitivity is approximately 95% for GJB2 mutations and ~50% for nonsyndromic hearing loss.

**0051383 Connexin 26 (GJB2), 35delG Mutation Detection**

**2001956 Connexin 30 (GJB6) 2 Deletions** Tests for the GJB6 309Kb and 232Kb deletions. Clinical sensitivity is 20% in individuals with nonsyndromic hearing loss and only one identifiable Connexin 26 mutation.

**2002044 Hearing Loss, Nonsyndromic, Mitochondrial DNA 2 Mutations**  
Tests for the m.1555A>G and m.7445A>G mutations. Clinical sensitivity dependent on ethnicity.

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

Master Label