

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

PATIENT HISTORY FOR HEMOPHILIA A or B GENE TESTING

Patient's 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 American Indian
 Caucasian Hispanic Middle Eastern Other _____

CLINICAL FINDINGS of HEMOPHILIA (check all that apply)

- None
 Spontaneous bleeding (location(s): _____ frequency: _____)
 Excessive bruising Hemarthrosis Chronic joint disease
 Intracranial hemorrhage GI bleeding/hemorrhage Menorrhagia
 Prolonged bleeding post trauma/surgery Other _____

INDICATE THE DISEASE SEVERITY IN THIS PATIENT

- N/A Mild Moderate Severe Unknown

LABORATORY FINDINGS

- Factor VIII activity Abnormal _____% Normal Not performed
vonWillibrands factor activity Abnormal _____% Normal Not performed
Factor IX activity Abnormal _____% Normal Not performed
Other laboratory results _____

FAMILY HISTORY OF HEMOPHILIA? No Yes Unknown

If yes, what is the **RELATIONSHIP** of family member(s) to the patient? _____

Is the relative? a healthy carrier affected

List the **GENE and MUTATION(S)** identified in the relative(s) or include a copy of the laboratory result:

INDICATE THE DISEASE SEVERITY IN AFFECTED MALES IN THE FAMILY

- N/A Mild Moderate Severe Unknown

HAS THE PATIENT UNDERGONE PREVIOUS DNA TESTING FOR HEMOPHILIA?

Yes No Unknown **If yes, please check completed test(s) and provide result or attach report.**

- Hemophilia A (F8): Intron 22A or Intron 1 inversion Result _____
 Sequencing Result _____
 Deletion/Duplication Result _____

Circle the HEMOPHILIA A or B gene test you intend to order

- 2001614 Hemophilia A (F8) 2 Inversion with Reflex to Sequencing and Reflex to Deletion/Duplication**
2001759 Hemophilia A (F8) 2 Inversions
2001747 Hemophilia A (F8) Sequencing
2001751 Hemophilia A (F8) Deletion/Duplication
2001578 Hemophilia B (F9) Sequencing: Clinical sensitivity of 97% for hemophilia B.
2001961 Familial Mutation, Targeted Sequencing

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

Master Label