

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

PATIENT HISTORY FOR MUCOPOLYSACCHARIDOSIS (MPS) 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)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Ashkenazi Jewish | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

Describe the patient's SYMPTOMS

- | | | |
|--|---|---|
| <input type="checkbox"/> Coarse features | <input type="checkbox"/> Macrocephaly | <input type="checkbox"/> Corneal clouding |
| <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Skeletal anomalies | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> Organomegaly | <input type="checkbox"/> Short stature | <input type="checkbox"/> Other _____ |

Is a particular TYPE of MPS suspected? No Yes If yes, indicate which type(s) are suspected:

- | | |
|--|--|
| <input type="checkbox"/> MPS I (Hurler / Scheie) | <input type="checkbox"/> MPS IV (Morquio) |
| <input type="checkbox"/> MPS II (Hunter) | <input type="checkbox"/> MPS VI (Maroteaux-Lamy) |
| <input type="checkbox"/> MPS III (Sanfilippo) | <input type="checkbox"/> MPS VII (Sly) |

Is the patient on ENZYME REPLACEMENT THERAPY? No Yes

If yes, list medication: _____

What other MEDICATIONS is the patient currently taking?

Please circle the MPS test you intend to order.

0081352 Mucopolysaccharides Electrophoresis & Quantitation, Urine (MPS SCREEN): Provides measurement of total GAG levels and electrophoresis to differentiate GAGs present. Order for diagnostic testing.

0081357 Mucopolysaccharides, Quantitative, Urine: Provides measurement of total GAG levels; order ONLY for therapeutic monitoring of a patient with a known MPS diagnosis.

Fax form to Amanda Openshaw, Genetic Counselor, Biochemical Genetics Laboratory, 801-584-5207.
For questions, contact an ARUP genetic counselor at (800) 242-2787 ext. 2141

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