

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Pulmonary Arterial Hypertension (PAH) testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR PULMONARY ARTERIAL HYPERTENSION (PAH) 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 Caucasian
 Hispanic Middle Eastern Native American Other _____

Does the patient have SYMPTOMS? No Yes Unknown

If yes, check all that apply:

- Shortness of breath Syncope Fatigue Chest pain Palpitation Edema
 Other _____

Does the patient have other RISK FACTORS for pulmonary hypertension? No Yes Unknown

If yes, check all that apply:

- Lung disease Pulmonary embolism Heart disease Connective tissue disease
 Cirrhosis HIV Other _____

Has the patient's mean pulmonary artery pressure been measured? No Yes Unknown

If yes, what was result at rest? _____ mmHg normal abnormal Unknown
 What was result during exercise? _____ mmHg normal abnormal Unknown

Does the patient have a FAMILY HISTORY of PAH? No Yes Unknown

If yes, **please attach PEDIGREE** or specify the **RELATIONSHIP** of the family member(s) to the patient and detail the symptoms/age of onset in each affected relative. _____

Please attach a copy of the relative's DNA laboratory result (REQUIRED for familial mutation testing).

Has the patient undergone previous DNA testing for his symptoms or family history? No Yes

If yes, please describe test(s) and results _____

Check the Pulmonary Arterial Hypertension (PAH) test you intend to order.

2003405 Pulmonary Arterial Hypertension (BMPR2) Sequencing and Deletion/Duplication: Clinical sensitivity is approximately 70% for familial PAH and 15% for idiopathic PAH.

2003410 Pulmonary Arterial Hypertension (BMPR2) Sequencing: Clinical sensitivity is approximately 35% for familial PAH and 15% for idiopathic PAH.

2003401 Pulmonary Arterial Hypertension (BMPR2) Deletion/Duplication; Sensitivity is approximately 35% for familial PAH and unknown for idiopathic PAH.

2001961 Familial Mutation, Targeted Sequencing: Tests for a previously identified familial mutation; copy of a relative's lab result is REQUIRED.

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

Master Label