

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

**PATIENT HISTORY FOR VERY LONG CHAIN ACYL-CoA DEHYDROGENASE (VLCAD) DEFICIENCY**

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

**PATIENT ETHNICITY (check all that apply)**

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

**SYMPTOMS of VLCAD?**     No     Yes     Unknown

If yes, check all that apply

Hypoglycemia       Hepatomegaly  
 Cardiomyopathy       Liver failure  
 Encephalopathy       Lethargy  
 Reye-like syndrome       Coma  
 Rhabdomyolysis       Other \_\_\_\_\_

**ABNORMAL NEWBORN SCREEN?**     No     Yes     Unknown

**LABORATORY FINDINGS**

Plasma acylcarnitine profile     Normal     Abnormal     Not performed     Unknown  
 Urine organic acids       Normal     Abnormal     Not performed     Unknown

Plasma carnitine (without supplements):

Free / Total:       Normal     Abnormal     Not performed     Unknown

**FAMILY HISTORY OF VLCAD DEFICIENCY?**     No     Yes     Unknown

If yes, describe relationship(s) to the patient \_\_\_\_\_

Has DNA testing for VLCAD been performed for these family member(s)?  No  Yes  Unknown

If yes, please attach a copy of the laboratory result (REQUIRED for familial mutation testing)

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

**2004212 Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing and Deletion/Duplication:** Clinical sensitivity may be as high as 95%; sequencing and deletion/duplication analysis of the *ACADVL* coding regions and intron/exon boundaries.

**2002001 Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing:** Clinical sensitivity 80-90%; sequencing of the *ACADVL* coding regions and intron/exon boundaries.

**2004208 Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Deletion/Duplication:** Clinical sensitivity may be as high as 10%; deletion/duplication analysis of the *ACADVL* coding regions.

**2001961 Familial Mutation, Targeted Sequencing:** Targeted sequencing for a *ACADVL* mutation previously identified in a family member.

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

Master Label