ARUP LABORATORIES

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

PATIENT HISTORY FOR HEREDITARY HEMORRHAGIC TELANGIECTASIA (HHT) 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 _____

Does the patient have SYMPTOMS? [ ] No [ ] Yes; please check all that apply

[ ] Nosebleeds (frequency):_____ [ ] Telangiectasia (locations):_____
[ ] Capillary malformation: [ ] Multiple [ ] Solitary Location: _____
[ ] Brain AVM [ ] Liver AVM [ ] Lung AVM [ ] Spinal AVM
[ ] Juvenile polyps [ ] Pulmonary hypertension [ ] Stroke (age): _____ [ ] Other: _____

Does the patient have a FAMILY HISTORY of HHT? [ ] No [ ] Yes [ ] Unknown
If yes, attach a PEDIGREE or specify the family members' RELATIONSHIP to the patient. List their symptoms:

_____

Has DNA testing been performed for these family member(s)? [ ] No [ ] Yes [ ] Unknown
Please attach a copy of the family member's DNA laboratory result. (REQUIRED for familial mutation testing).

Has the patient undergone previous DNA testing for HHT? [ ] No [ ] Yes [ ] Unknown
If yes, please describe test(s) and results: _____

Circle the test you intend to order

Order for symptomatic individuals who meet clinical criteria for HHT	
0051382	HHT (*ACVRL1* and *ENG)* Sequencing and Deletion/Duplication • Clinical sensitivity 85% for HHT
2009008	HHT (*ACVRL1* and *ENG*) Sequencing and Deletion/Duplication with Reflex to *SMAD4* Sequencing and Deletion/Duplication • Clinical sensitivity 87% for HHT
Order for symptomatic individuals who do not meet clinical criteria for HHT	
2009337	HHT Panel, Sequencing and Deletion/Duplication, 5 Genes (*ACVRL1, BMP9, ENG, RASA1* and *SMAD4*) • Components of this panel are available individually (see aruplab.com)
Order when an HHT gene mutation has previously been identified in a family member	
2001961	Familial Mutation, Targeted Sequencing
0051348	HHT (*ACVRL1* and *ENG*) Deletion/Duplication

Other: _____

Master Label

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