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Clinical Questionnaire for Familial Aortopathies

Prior authorization questions, call **(866) 248-1265.** / Fax (**855) 711-5699** / Test questions, call (**800) 345-4363.**

Name and title of person completing this form _____

Test Information (this is not an order for a test)

Test Options	Test No.
◯ Familial Aortopathy Panel	**482189**
◯ *FBN1* Full Gene Sequencing	**482336**

Test Options	Test No.
◯ Other	

Patient Demographics

Patient's name _____ / Date of birth_____ / Sex: ◯ Male ◯ Female

Patient/guardian phone no. _____ / Patient/guardian email _____

Patient History

Select at least one: ◯ Genetic counseling performed by board-certified genetic counselor or clinical geneticist. If marked, attach genetic counseling report.
◯ Pretest counseling performed by ordering provider or designee in accordance with health plan policies. Post-test counseling will be available

Select all that apply:

Marfan Syndrome

- ◯ Aortic root enlargement (Z-score >/= 2.0)
- ◯ Wrist and/or thumb sign
- ◯ Pectus carinatum deformity
- ◯ Pectus excavatum or chest asymmetry
- ◯ Hindfoot deformity
- ◯ Plain flat foot (pes planus)
- ◯ Pneumothorax
- ◯ Reduced upper segment/lower segment **and** increased arm span/height ratio
- ◯ Scoliosis or thoracolumbar kyphosis
- ◯ Reduced elbow extension
- ◯ Characteristic facial features of Marfan syndrome
- ◯ Skin Striae
- ◯ Myopia
- ◯ Mitral valve prolapse

Loeys-Dietz Syndrome (LDS)

- ◯ Characteristic facial features such as widely spaced eyes and craniosynostosis
- ◯ Bifid uvula or cleft palate
- ◯ Tortuosity of the aorta and its branches

Familial Thoracic Aortic Aneurysm and Dissection (TAAD)

- ◯ Patient's clinical features are not sufficiently specific to suggest a single condition
- ◯ Patient has aortic root enlargement or type A or type B aortic dissection

Vascular Ehlers-Danlos Syndrome (vEDS)

- ◯ Arterial rupture or dissection under the age of 40
- ◯ Spontaneous sigmoid colon perforation
- ◯ Uterine rupture during third trimester
- ◯ Carotid-cavernous sinus fistula (CCSF) formation
- ◯ Bruising unrelated to identified trauma and/or in unusual sites such as cheeks and back
- ◯ Thin, translucent skin with increased venous visibility
- ◯ Characteristic facial appearance
- ◯ Spontaneous pneumothorax
- ◯ Congenital hip dislocation
- ◯ Hypermobility of small joints
- ◯ Tendon and muscle rupture
- ◯ Gingival recession and gingival fragility
- ◯ Early onset varicose veins (under the age of 30 and nulliparous if female)

Family History (attach additional pages if needed)

◯ Patient has a first or second degree relative* with a clinical or suspected diagnosis of Marfan, LDS, TAAD, or vEDS

◯ Unknown or limited family history? Please explain (eg, adopted) _____

Genetic Counseling—Ordering provider understands by signing below:
If genetic counseling by a board-certified genetic counselor is required by the health plan prior to laboratory testing but has not occurred as indicated in the Patient History section above, I understand that a referral may be made by the laboratory to a board-certified genetic counselor required or authorized by the health plan.
Such referral is solely related to laboratory testing and does not relieve me of any obligation to seek authorization for my services.

Account No.: _____

Provider Name (print): _____ NPI: _____

Provider Phone No.: _____ Fax No.: _____

_____ / _____
Ordering Provider Signature **Date**

Patient understands by signing below:
Labcorp may use information obtained on this form and other information provided by me and/or my ordering provider or their designee to initiate prior authorization with my health plan as required. I understand a prior authorization approval from my health plan does not guarantee full payment. It is my responsibility to contact my health plan regarding concerns over my coverage and benefits.

_____
Patient Signature

_____
Date

*Relationships to consider include parents, siblings, offspring (1st degree) and half-brothers/sisters, aunts/uncles, grandparents, grandchildren, nieces/nephews (2nd degree).

Visit labcorp.com for detailed information on genes included in each panel.

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TIN: 13-3757370 / NPI: 1750368700