

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Connexin 26 (GJB2) testing.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR CONNEXIN 26 (GJB2) TESTING

Physician _____ Physician's Phone # (_____) _____ Practice Specialty _____

Genetic Counselor _____ Counselor's Phone # (_____) _____

Patient First Name _____ Patient Last Name _____ MI _____

Date of Birth _____ Gender Female Male

PATIENT ETHNICITY

- African-American Ashkenazi Jewish Asian Caucasian
 Hispanic Middle Eastern Native American Other _____

AUDIOLOGIC FINDINGS (check all that apply)

Diagnostic

- Failed newborn hearing screen Hearing loss Abnormal CT scan Other _____

Type of hearing loss

- A. Bilateral hearing loss Unilateral hearing loss
B. Sensorineural Conductive Mixed Other _____
C. Stable Slowly progressive Rapidly progressive Unknown

Degree of hearing loss

- Right ear: _____ dB Left ear: _____ dB
 Mild (26-40 dB) Moderate (41-55 dB) Moderate-Severe (56-70 dB)
 Severe (71-90 dB) Profound (>90 dB)

Age of onset: _____

- Birth <2 2-12 13-19 20's 30's 40's 50's 60's 70's

Does the patient have a **FAMILY HISTORY** of hearing loss? Yes No Unknown

If yes, what is the specific **RELATIONSHIP** of the family member(s) to the patient? _____

At what age did the relative's hearing loss begin? _____

If known, please list the **GENE and MUTATION** identified in the family member _____

DESCRIPTION OF CONNEXIN 26 (GJB2) TESTS

For questions, contact ARUP's Genetic Counselors at 800-242-2787, ext. 2946 or ext. 3439.

0051374 Connexin 26 (GJB2), Sequencing

Sequencing of *GJB2* coding regions with 95% clinical sensitivity. Indications for ordering:

- 1) Individuals of all ethnicities with nonsyndromic, sensorineural hearing loss.
- 2) Individuals with a family history of a non-35delG *GJB2* mutation.

0051383 Connexin 26 (GJB2), 35delG Mutation Detection

Tests for the 35delG mutation only. Clinical sensitivity of up to 80% in Caucasians but poor in other ethnicities.

Indications for ordering:

- 1) Patients with a family history of the 35delG mutation
- 2) As a diagnostic or screening test for Caucasians who are classically affected or have a positive family history.

Master Label