

Familial Hypercholesterolemia (FH) Clinical History Form

Client Account Number: _____ Client Name: _____

Patient Name: _____ Patient DOB: _____ Patient Phone: _____

Ethnicity (please select all that apply)	
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Western/Northern European	<input type="checkbox"/> Eastern/Central European
<input type="checkbox"/> Middle/Near Eastern	<input type="checkbox"/> Jewish (Ashkenazi)
<input type="checkbox"/> Other _____	

Genetic Testing History		
Has the patient had previous genetic testing associated with FH (including <i>LDLR</i> , <i>APOB</i> , & <i>PCSK9</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, a copy of the patient's previous genetic test report must be faxed (1.855.422.5181) or emailed (Preauthorization@QuestDiagnostics.com)
Has anyone in the family tested positive for a genetic variant associated with FH (including <i>LDLR</i> , <i>APOB</i> , & <i>PCSK9</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, a copy of the family member's genetic test report must be faxed (1.855.422.5181) or emailed (Preauthorization@QuestDiagnostics.com) Please note the family member's relation to the patient on the report.
		If Yes, will a blood sample from the family member that tested positive (positive control) be provided? <input type="checkbox"/> Yes* ^T <input type="checkbox"/> No

*If Yes, please call 1.866.GENE.INFO prior to sending a specimen to discuss this order

^TACMG guidelines, CAP, and CLIA regulatory provisions recommend use of a positive control

Patient History (Please check here if no personal history)

Does patient meet the diagnostic criteria for FH based on Dutch Lipid Criteria Network, or MEDPED, or Simon Broome? Yes No

Personal History of	Please check all boxes that apply	Age at Diagnosis
<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> LDL-C level _____ <input type="checkbox"/> Total cholesterol level _____	
<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="checkbox"/> Acute myocardial infarction (AMI) <input type="checkbox"/> Myocardial infarction (silent MI) <input type="checkbox"/> Unstable angina <input type="checkbox"/> Coronary revascularization procedure (PCI or CABG) <input type="checkbox"/> Atherosclerotic cardiovascular disease	
<input type="checkbox"/> Vascular Disease	<input type="checkbox"/> Cerebral <input type="checkbox"/> Peripheral	
<input type="checkbox"/> Tendon Xanthoma(s)		
<input type="checkbox"/> Corneal Arcus		
<input type="checkbox"/> Other		

Family History (Please check here if no personal history)

Relationship to Patient	Maternal	Paternal	Elevated Cholesterol?	Cardiac Disease (please describe, including Tendon Xanthoma and Corneal Arcus)	Age at Diagnosis	Living or Deceased (please provide age at death)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Patient Acknowledgement

I authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessary for reimbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. I understand that I may be financially responsible for portions of this test not covered by my insurance, and that Quest will contact me prior to test start ONLY if my responsibility for coinsurance, deductible, and/or non-covered service is estimated to be greater than \$350. **Tests without a signature will NOT be processed.**

Date: _____ Patient Name (Print): _____

Patient Signature: _____

Please fax or email the completed form to 1.855.422.5181 or Preauthorization@QuestDiagnostics.com

For questions, please contact 1.855.509.4909 or email us at Preauthorization@QuestDiagnostics.com

Familial Hypercholesterolemia (FH) Clinical History Form Frequently Asked Questions

Why am I completing the (FH) Clinical History Form?

Genetic testing may require special authorization from insurance companies. To help with this, please fill out the whole form. We understand that this form asks for very personal information. This information is needed for Quest Diagnostics to both work with the insurance company and interpret the results.

How do I know which box(es) to check in the ethnicity section?

Ethnic background is determined by which countries someone's relatives are from originally. Below is a chart that will help you determine which box(es) to check.

Ethnicity	Description
African American/Black	African, African American
Native American	Native American, American Indian
Western/Northern European	Austrian, British/English, Canadian, Danish, Dutch, Finnish, French, French-Canadian, Italian, Irish, Norwegian, Portuguese, Scandinavian, Scottish, German, Sephardic, Spanish, Swedish, Welsh
Middle/Near Eastern	Arabic, Armenian, Egyptian, Iranian, Iraqi, Pakistani, Persian, Saudi Arabian, Syrian
Hispanic	Bahamian, Brazilian, Caribbean, Colombian, Cuban, Dominican, Mexican, Puerto Rican, Haitian, Hispanic, Latin American
Asian	Chinese, Indian, Indonesian, Malaysian, Filipino, Samoan, Hawaiian, Vietnamese, Japanese
Eastern/Central European	Czech, Polish, Romanian, Russian, Greek, Hungarian
Jewish (Ashkenazi)	A person of Jewish heritage who is (or whose family is) ethnically German, French, or Eastern European

What should I do with the form when I am done filling it out?

Give the form to the person drawing blood at the time of the blood draw. This will ensure that the form goes with the blood to the Lab.

What happens next?

Your test results will be sent to the doctor when they are ready.