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# Clinical Questionnaire for Familial Aortopathies

Prior authorization questions, call **866-248-1265** / Fax **336-436-1007** / Test questions, call **800-345-4363**

Email: **PriorAuthEscalations@Labcorp.com**

Name and title of person completing this form \_\_\_\_\_

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

Test Options	Test No.	Test Options	Test No.
<input type="radio"/> Familial Aortopathy Panel	<b>482189</b>	<input type="radio"/> Other	
<input type="radio"/> <i>FBN1</i> Full Gene Sequencing	<b>482336</b>		

## 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  $\geq$  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](http://labcorp.com) for detailed information on genes included in each panel.



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