NAME/DOB OF PERSON BEING TESTED: ______________________

I. History of Individual Being Tested for Fabry Disease: (check all that apply)

- □ Pain in hands/feet
- □ Numbness/tingling
- □ Chronic fatigue
- □ Purplish-red rash (Angiokeratoma)
- □ Decreased sweating
- □ Heat and/or Cold Intolerance
- □ Gastrointestinal Problems
- □ Other __________________

- □ Tinnitis or Hearing Loss
- □ Proteinuria
- □ Kidney Failure
- □ Cardiac Problems
- □ TIAs/Strokes
- □ Depression/Anxiety
- □ Corneal Changes (Whorls)

II. Previous Testing:

Have YOU had any previous testing for Fabry disease?

- □ No prior testing/Unknown
- □ Enzyme analysis:
  - Date of testing: ______________________
  - Results: ______________________
  - Laboratory: ______________________

- □ Molecular/DNA analysis:
  - Date of testing: ______________________
  - Results: ______________________

III. Patient’s Family History:

Which of your family members are affected by Fabry disease? (check all that apply)

- □ Mother
- □ Father
- □ Brother
- □ Sister
- □ Niece
- □ Nephew
- □ Maternal Grandmother
- □ Maternal Grandfather
- □ Maternal Aunt
- □ Maternal Uncle
- □ Paternal Grandmother
- □ Paternal Grandfather
- □ Paternal Aunt
- □ Paternal Uncle
- □ Maternal cousin
- □ Paternal cousin
- □ Others ___________

What is the name and relationship of the relative whose molecular test results including mutation are being sent with your sample?

Name: ________________________ Family Relationship: ______________

Where and when was their molecular testing performed?

Date of testing: _______________ Mutation: _______________

Laboratory who performed the testing: ________________________