Molecular Otolaryngology & Renal Research Laboratories
For test inquiries please call: 319-335-6623 • For billing inquiries call 319-335-6653
Fax: 319-353-5869 or 319-335-9890
Email: morl@uiowa.edu • https://morl.lab.uiowa.edu
CLIA: 16D0966193

Helping Evaluate And Reclassify VUS (HEAR VUS) program – Request for Evaluation Form

The Helping Evaluate And Reclassify VUS (HEAR VUS) program incorporates evaluation of the VUS in the context of your patient's and family's clinical information, testing of additional family members, and review of the most up-to-date information of the VUS by the MORL Hearing Team.

The HEAR VUS program will provide familial testing of a determined VUS at *no charge* if family members participate.

To Be Eligible for the HEAR VUS program

A detailed pedigree, clinical information and audiograms for your patient and their family members **MUST** be provided. The MORL Hearing Team will review the provided information to determine whether the VUS qualifies for the HEAR VUS program. **Please DO NOT send samples for this program until receiving feedback from the MORL Hearing Team that the VUS qualifies for HEAR VUS program testing.**

Exclusions to the HEAR VUS program

Complimentary testing will not be offered to family members if:

- The variant has been classified previously as pathogenic, likely pathogenic, likely benign or benign.
- The VUS is in a gene that is not consistent with the patient's reported clinical history (for example: age of onset, degree of hearing loss, reported family history).
- The variant is associated with an inheritance pattern such that further familial testing will not clarify the significance of the variant.
- The VUS is associated with autosomal recessive hearing loss and a second variant is not present in that gene.
- The VUS has a minor allele frequency greater than expected to cause hearing loss.
- Relevant clinical information is not available. In this situation, Fee-for-Service Familial Testing may still be ordered if desired.
- Please note, incidental and secondary findings are not evaluated through this program.

Page 2 must be completed for evaluation of a VUS through the HEAR VUS program.

If a VUS is accepted for the HEAR VUS program, familial testing for the variant will be performed at *no charge*. However, the Referring Laboratory may charge the patient and the family for phlebotomy, processing or other charges. The MORL is not responsible for any fees that may be generated by other sites such as the Referring Laboratory.

Part A) Proband Information or ID Sticker *(Required)*	**Part B) Healthcare Provider Information *(Required)***
Name: _____ (Last / First)	Health Care Provider: _____
DOB: _____ / _____ / _____ (month / day / year)	E-mail address:_____
Sex: ☐ Male ☐ Female	Institution:_____
MORL ID:_____	Street Address:_____
	City: _____ State:_____ Zip:_____
	Phone: ( ) FAX: ( )

PLEASE INCLUDE A DETAILED PEDIGREE AS WELL AS AUDIOGRAMS, TEMPORAL BONE IMAGING STUDIES (if performed) & CLINIC NOTES REGARDING HEARING LOSS EACH PARTICIPATING FAMILY MEMBER

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Part C) Pertinent Family and Clinical History

Family History (please draw or provide a detailed pedigree)**:**

Please note which family members on pedigree are willing to participate (affected and unaffected)

Family Member:	Proband	Relative 1	Relative 2	Relative 3	Additional Info
Relation to Proband:					
Audiologic History					
Does this person have Hearing Loss?					
If yes, Age of Onset					
Degree of HL					
Type of HL					
Normal physical exam?					
If no, list features					
Vision					
Normal vision?					
Corrective lenses?					
Eye findings? (please describe)					
Motor Milestones					
Delayed sitting? (Y/N) or specify mo.					
Delayed walking? or specify mo.					
Radiologic Studies					
CT/MRI performed?					
Dilated Vestibular Aqueducts?					
Mondini Malformation?					

Other Notes:

If there are additional family members who are willing to participate, please attach additional pages of this form.

PLEASE INCLUDE A DETAILED PEDIGREE AS WELL AS AUDIOGRAMS, TEMPORAL BONE IMAGING STUDIES (if performed) & CLINIC NOTES REGARDING HEARING LOSS EACH PARTICIPATING FAMILY MEMBER