Chromosome Microarray and Follow-Up Test Requisition

Patient Information:

Name: _____ Address: _____

Birthdate: _____ City: _____ Province: ____ Postal Code: _____

Sex: ☐ Male ☐ Female Health Card Number: _____ Version: _____

Complete in full to avoid delay in result reporting

Physician Information:

Referring Doctor: _____ Copy To: _____

Registration Number: _____ Registration Number: _____

Address: _____ Address: _____

Telephone: _____ Fax: _____ Telephone: _____ Fax: _____

Signature *(required)*: _____

Specimen Collection:

Date: _____ Time: _____

Microarray Testing	☐ Microarray – Peripheral Blood in **EDTA (lavender top tube):** 3ml minimum per individual (1ml minimum for newborns)
Follow-Up Study	☐ QPCR or Targeted Microarray Testing – Peripheral Blood in **EDTA (lavender top tube):** 3ml minimum per individual (1ml minimum for newborns) ☐ FISH and/or Chromosome Analysis – Peripheral Blood in NaHep **(green top tube):** 3ml minimum per individual (1ml minimum for newborns) **Index case name:** _____ **GA Number:** _____ *If testing was done by an outside lab, please attach a copy of the report*
Karyotype *(if known)*	☐ Normal ☐ Abnormal ☐ Not performed **Details:** _____
Indications for Testing	☐ Developmental Delay or Intellectual Disability ☐ Developmental Delay or Intellectual Disability and additional clinical features *Complete Clinical Description Form (page 2)* ☐ Two or more congenital anomalies *Complete Clinical Description Form (page 2)*
Relevant Family History	Pedigree *(at least 3-generation and indicate consanguinity when available and if applicable):*
LABORATORY USE ONLY	Date Rec'd: *(DD/MM/YYYY)*: _____ Time: _____ Number of Tubes Rec'd: _____ Comments: _____
LAB #:	

CYTOGENETICS LABORATORY
Victoria Hospital, Room B10-114
800 Commissioners Rd E.
London, Ontario | N6A 5W9

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London Health Sciences Centre
St. Joseph's Health Care London
Pathology and Laboratory Medicine

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Clinical Description:

Behaviour, Cognition and Development

- ☐ Global development delay
- ☐ Gross motor delay
- ☐ Fine motor delay
- ☐ Language delay
- ☐ Learning disability
- ☐ Intellectual disability:
  - ☐ Mild
  - ☐ Moderate
  - ☐ Severe
- ☐ Attention deficit hyperactivity disorder
- ☐ Autism Spectrum Disorder
- ☐ Psychiatric disorders *(specify below):*

  _____
- ☐ Other: _____

Neurological

- ☐ Hypotonia
- ☐ Seizures
- ☐ Ataxia
- ☐ Dystonia
- ☐ Chorea
- ☐ Spasticity
- ☐ Cerebral palsy
- ☐ Neural tube defect
- ☐ Abnormality of the CNS *(specify below):*

  _____
- ☐ Other: _____

Growth Parameters

Weight for age: ☐ <3rd % ☐ >97th %
Stature for age: ☐ <3rd % ☐ >97th %
Head circumference: ☐ <3rd % ☐ >97th %

- ☐ Hemihypertrophy
- ☐ Other: _____

Cardiac

- ☐ ASD
- ☐ VSD
- ☐ AV canal defect
- ☐ Coarctation of aorta
- ☐ Tetralogy of fallot
- ☐ Other: _____

Craniofacial

- ☐ Craniosynostosis
- ☐ Cleft lip ☐ Cleft palate
- ☐ Micrognathia ☐ Retrognathia
- ☐ Facial dysmorphism *(specify below):*

  _____
- ☐ Other: _____

Eye Defects

- ☐ Blindness
- ☐ Coloboma
- ☐ Epicanthus
- ☐ Hypertelorism
- ☐ Eyelid abnormality *(specify below):*

  _____
- ☐ Other: _____

Ear Defects

- ☐ Deafness
- ☐ Preauricular ☐ Pit ☐ Skin tag
- ☐ Low-set ears
- ☐ Outer ear abnormality *(specify below):*

  _____
- ☐ Inner ear abnormality *(specify below):*

  _____
- ☐ Other: _____

Cutaneous

- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Other: _____

Respiratory

- ☐ Diaphragmatic hernia
- ☐ Lung abnormality *(specify below):*

  _____
- ☐ Other: _____

Musculoskeletal

- ☐ Upper limb abnormality
- ☐ Lower limb abnormality
- ☐ Camptodactyly ☐ finger / ☐ toe
- ☐ Syndactyly ☐ fingers / ☐ toes
- ☐ Polydactyly ☐ finger / ☐ toe
  - ☐ Preaxial
  - ☐ Postaxial
- ☐ Oligodactyly ☐ finger / ☐ toe
- ☐ Clinodactyly ☐ finger / ☐ toe
- ☐ Contractures
- ☐ Scoliosis
- ☐ Vertebral anomaly
- ☐ Club foot
- ☐ Other: _____

Gastrointestinal

- ☐ Esophageal atresia
- ☐ Tracheoesophageal fistula
- ☐ Gastroschisis
- ☐ Omphalocele
- ☐ Pyloric stenosis
- ☐ Other: _____

Genitourinary

- ☐ Kidney malformation *(specify below)*

  _____
- ☐ Hydronephrosis
- ☐ Ambiguous genitalia
- ☐ Hypospadias
- ☐ Cryptorchidism
- ☐ Other: _____

Prenatal and Perinatal History:

- ☐ Oligohydramnios ☐ Polyhydramnios ☐ IUGR ☐ Premature birth
- ☐ Fetal structural abnormality ☐ Fetal soft markers in obstetric ultrasound *(specify):* _____
- ☐ Other: _____

Family History:

- ☐ Parents with ≥ 3 miscarriages ☐ Consanguinity ☐ List health conditions found in family (describe relationship to proband)

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