|  |
| --- |
| **Complete in full to avoid delay in result reporting** |
| ***PHYSICIAN INFORMATION*** |
| Referring Dr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature *(required)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Copy To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SPECIMEN COLLECTION: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DD/MM/YYYY HH:MM**  |
| **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# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***If testing was done by an outside lab, please attach a copy of 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 & indicate consanguinity, when available and if applicable): |
| **Laboratory Use Only**Date Rec’d:(DD/MM/YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# Tubes Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **LAB #:** |

**Clinical Description**

|  |  |  |
| --- | --- | --- |
| **Behavior, 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 below) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Family History**

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

*Requisition adapted from that of the initial MoHLTC aCGH testing centers.*