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| **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**

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| **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**

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| 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.*