Chromosome Microarray and Follow-Up Test Requisition

PATIENT INFORMATION

Name: Address:

Birthdate: City: Province: Postal Code:

Sex: M F Unknown Unspecified Health Card Number: Version:

Birthsex: M F Unknown Unspecified

Complete in full to avoid delay in result reporting

PHYSICIAN INFORMATION

Referring Doctor:

Registration Number:

Address:

Telephone: Fax:

Signature (required):

Copy to:

Registration Number:

Address:

Telephone: Fax:

SPECIMEN COLLECTION

Date:	Time:	
Microarray Testing	Chromosome Microarray Peripheral Blood in EDTA (purple top tube)	
Targeted Microarray	Microdeletion Syndromes DiGeorge/VCF Williams Peripheral Blood in EDTA (purple top tube)	
Follow-Up Study	Targeted Microarray, FISH, and/or Chror Peripheral Blood in NaHep (dark green to (3mL minimum per individual, 1mL minir Index case name:	op tube)
If testing was done by an outside lab, please attach a copy of the report		
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-generations and indicate consanguinity when available and if applicable):	Parents with >3 miscarriages Consanguinity List health conditions found in family (describe relationship to proband):

Cytogenetics Laboratory Victoria Hospital, Room B10-114 800 Commissioners Rd. E. London, ON | N6A 5W9

Ph: 519-685-8500 x 78974 | Fax: 519-667-6720

Visit community collection lab for blood draw.



CLINCAL DESCRIPTION (PRINT CLEARLY)

Behaviour, Cognition and Development | Cardiac

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: >97th% <3rd%

Hemihypertrophy

Other:

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 Fingers/ Toes

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:

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