Reset Form

Trillium Health Partners

THP MICROARRAY TEST REQUISITION

GENETICS LABORATORY - Credit Valley Hospital
2200 Eglinton Ave. W., Rm 2H144 *Tel: (905) 813-1100 x6288*
Mississauga, ON L5M 2N1 Canada *Fax: (905) 813-3854*

Patient Acct No.

Patient Name (Surname First)

Patient Unit No.

D.O.B. **Sex**

Address/City/Province/Postal Code

Health Card Number **Version**

☐ WCB
☐ SELF PAY

Complete in full to avoid delay in reporting result.

PHYSICIAN INFORMATION

Referring Physician: _____
Registration #: _____
Address: _____
Phone: _____ Fax: _____
Signature *(required)*: _____

Copy To: _____
Registration #: _____
Address: _____
Phone: _____
Fax: _____

SPECIMEN COLLECTION: **DATE:** _____ **TIME:** _____
DD/MM/YYYY **HH:MM**

TEST REQUESTED

DIAGNOSTIC Testing

Relevant Family History:
(at least 3-generation, when available and if applicable)

Specimen Requirements

- ☐ Peripheral Blood in **EDTA** (3mL minimum) (1mL min for newborns)
- ☐ Fibroblast Cell Culture: 2x T25 confluent flasks at room temperature
- ☐ Extracted DNA: 2ug total (minimum concentration of 70 ng/uL)

Indications for Testing:

- ☐ Developmental Delay or Intellectual Disability
- ☐ Developmental Delay or Intellectual Disability & additional clinical features.
  Complete Clinical Description Form (page 2)
- ☐ Two or more congenital anomalies.
  Complete Clinical Description Form (page 2)

Karyotype (if known): _____

FOLLOW-UP Studies

Specimen Requirements (in proband report):

- ☐ FISH Follow-Up Studies - **NaHep** blood, 3mL min.
- ☐ Q-PCR Follow-Up Studies - **EDTA** blood, 3mL min.

Follow-Up Information:

Family ID# (in proband report): _____
Relation to Proband: _____

Date Recieved (DD/MM/YYYY): _____ **Time:** _____ **Specimen Rec'd:** _____

Comments: _____

Unit #: _____ **LAB #:** _____

3043 D (July/2017) Page 1 of 2

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MICROARRAY
CLINICAL DESCRIPTION FORM

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Phenotypic description (Clinical symptoms)

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

	Less than	Greater than
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
- ☐ 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

- ☐ Parents with greater than or equal to 3 miscarriages
- ☐ Consanguinity
- ☐ List health conditions found in family (describe the relationship with proband)

_____