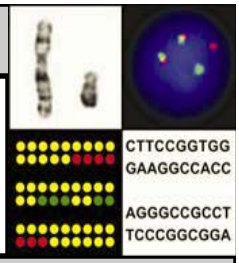
UW Cytogenetic Services—WSLH Prenatal Chromosome Microarray Testing



Instructions: The accurate interpretation and reporting of genetic test results is contingent upon the reason for referral, clinical information provided, and family history. To help provide the best possible service, please check the applicable clinical information below. **Please send this page with the specimen or return by fax to the WSLH Cytogenetics Laboratory (fax: 608-265-7818) . If a karyotype has been performed, please note the results at the bottom of the form.**

Patient Identification

Patient Identification
Patient Name: _____ (Last) _____ (First) **Fetal gender: [ ]** Male **[ ]** Female
Date of Birth: _____ (mm/dd/yyyy) **LMP:** _____ **Date of Collection:** _____

Clinical Information — Check all that apply. Use additional space at the bottom of the form if needed.

Primary Indication for Testing:
[ ] Abnormal serum screen
[ ] Advanced maternal age
[ ] Fetal abnormality as indicated
[ ] None specified

Perinatal History
[ ] Intrauterine growth restriction
[ ] Oligohydramnios
[ ] Polyhydramnios
[ ] Increased nuchal translucency (includes cystic hygroma)
[ ] Hydrops (unknown or infection)
[ ] 2 vessel cord
[ ] Other: _____

Family Hi story
[ ] Parents with ≥ 2 miscarriages
[ ] Other relatives with similar clinical history
Explain: _____
_____
_____
_____

Neurological
[ ] NTD (myelomeningocele
[ ] Agenesis of the corpus collosum
[ ] Dandy Walker (posterior fossa abnormality)
[ ] Ventriculomegaly/hydro cephalus
[ ] Holoprosencephaly
[ ] Decreased fetal movements
[ ] Abnormal gyri (lissencephaly)
[ ] Structural brain anomaly
[ ] Cerebellar hypoplasia
[ ] Other: _____

Craniofacial
[ ] Cleft lip +/- cleft palate
[ ] Cleft palate alone
[ ] Hyper/Hypotelorism
[ ] Macrocephaly
[ ] Microcephaly
List HC if known: _____
[ ] Other: _____

Pulmonary
[ ] CCAM/small thoracic cavity
[ ] Diaphragmatic hernia
[ ] Eventration of diaphragm
[ ] Pulmonary sequestration
[ ] Pleural effusion
[ ] Other: _____

Cardiac
[ ] Atrial septal defect
[ ] Ventricular septal defect
[ ] Coarctation of the aorta
[ ] Tetralogy of Fallot
[ ] AV canal defect
[ ] Hypoplastic left heart
[ ] Echogenic intracardiac focus
[ ] Dextrocardia or situs inversus
[ ] Hypoplastic right heart
[ ] Double outlet right ventricle
[ ] Transposition of the great vessels
[ ] Truncus arteriosus
[ ] Pulmonary valve atresia
[ ] Aortic atresia
[ ] Ebstein anomaly
[ ] Other _____

Gastrointestinal
[ ] Gastroschisis
[ ] Omphalocele
[ ] Absent stomach
[ ] Echogenic focus
[ ] Meconium ileus/anal atresia
[ ] Tracheoesophageal fistula
[ ] Other: _____

Musculoskeletal
[ ] Contractures (arthrogryposis)
[ ] Club foot (bilateral)
[ ] Polydactyly
Specify: _____
[ ] Syndactyly
Specify: _____
[ ] Clenched hands
[ ] Scoliosis
[ ] Vertebral anomaly
Specify: _____
[ ] Limb anomaly
[ ] Micromelia
[ ] Mesomelia
[ ] Acromelia
[ ] Skeletal dysplasia
[ ] Other: _____

Genitourinary
[ ] Ambiguous genitalia
[ ] Hydronephrosis (pelvic AP diameter >7mm)
[ ] Kidney malformation
Specify: _____
[ ] Megacystic (including posterior valves)
[ ] Polycystic kidneys
[ ] Renal agenesis
[ ] Urethra/ureter obstruction
[ ] Other: _____

Please include any additional information not provided above (list karyotype if known).

As a participant in the ICCG (International Collaboration for Clinical Genomics) Consortium, the WSLH Cytogenetics Laboratory contributes submitted clinical information and test results to a HIPAA compliant, de-identified public database as part of the NIH's effort to improve understanding of the relationship between genetic changes and clinical symptoms. Confidentiality is maintained. Patients may request to opt-out of this scientific effort by: 1) checking the box below, 2) calling the laboratory at **608-262-0402** and asking to speak with a genetic counselor, or 3) visiting our website at http://slh.wisc.edu/cytogenetics.
[ ] Indicate refusal for inclusion in these efforts by checking this box. If the box is not marked, data will be anonymized and used.