TRICORE REFERENCE LABORATORIES

CHROMOSOMAL MICROARRAY PATIENT CLINICAL INFORMATION

Patient's Name _____ MRN_____

Date of Birth _____/_____/_____ Gender M / F

Physician _____ Physician's Telephone _____

CLINICAL INFORMATION (check all that apply)

Please return the completed form with the patient specimen or fax to 505-938-8410.

Perinatal History
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Prematurity
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other: _____

Growth
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Failure to thrive
- ☐ Overgrowth
- ☐ Short stature
- ☐ Other: _____

Development
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Fine motor delay
- ☐ Gross motor delay
- ☐ Speech delay
- ☐ Other: _____

Cognitive
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Learning disability
- ☐ Intellectual disability/MR
- ☐ IQ/DQ (if known):
- ☐ Other: _____

Behavioral
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Autistic features
- ☐ Autism spectrum disorder
- ☐ Oppositional defiant disorder
- ☐ Obsessive-compulsive disorder
- ☐ ADHD
- ☐ Pervasive developmental delay
- ☐ Other _____

Neurological
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Ataxia/dystonia/chorea
- ☐ Hypotonia/hypertonia
- ☐ Neural tube defect
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Other: _____

Cardiac
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ ASD
- ☐ VSD
- ☐ Coarctation of aorta
- ☐ Hypoplastic left/right heart
- ☐ Tetraology of Fallot
- ☐ AV canal defect
- ☐ Other: _____

Craniofacial
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Cleft lip+/- cleft palate
- ☐ Cleft palate alone
- ☐ Coloboma
- ☐ Craniosynostosis
- ☐ Dysmorphic facial features
- ☐ Ear malformation
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Cutaneous
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Other: _____

Musculoskeletal
- ☐ Not evaluated
- ☐ Contractures
- ☐ Club foot
- ☐ Diaphragmatic hernia
- ☐ Limb anomaly
- ☐ Polydactyly
- ☐ Syndactyly
- ☐ Scoliosis
- ☐ Vertebral anomaly
- ☐ Other: _____

Gastrointestinal
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Gastroschisis
- ☐ Omphalocele
- ☐ Hirschsprung disease
- ☐ Pyloric stenosis
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Genitourinary
- ☐ Not evaluated
- ☐ Within normal limits
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Cryptorchidism
- ☐ Urethra/ureter obstruction/ malformation
- ☐ Other: _____

Family History
- ☐ Not evaluated
- ☐ No relevant history
- ☐ Parents with ≥3 miscarriages
- ☐ Relatives with similar history
- ☐ Familial chromosome change
- ☐ Consanguinity
- ☐ Other: _____

Clinical Description-include any additional information not provided above (include karyotype if known):

Questions? Please contact TriCore's molecular diagnostics laboratory at 505-938-8684 or cytogenetics laboratory at 505-938-8430.