

GENOMIC MICROARRAY PATIENT CLINICAL INFORMATION FORM

Patient's Name _____ **Date of Birth** ____ / ____ / ____ **Gender** Female Male
Physician _____ **Physician Phone** (____) _____ **Physician Specialty** _____
Genetic Counselor _____ **Counselor Phone** (____) _____

CLINICAL INFORMATION—Please check all that apply.

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
- List IQ/DQ, if known: _____
- Other: _____

Behavioral

- Not evaluated
- Within normal limits
- Asperger syndrome features
- Autism
- Oppositional defiant disorder
- Obsessive compulsive disorder
- Pervasive developmental delay
- Other: _____

Neurological

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

Cardiac

- Not evaluated
- Within normal limits
- ASD
- AV canal defect
- Coarctation of aorta
- Hypoplastic left heart
- Tetralogy of fallot
- VSD
- Other: _____

Craniofacial

- Not evaluated
- Within normal limits
- Cleft lip +/- cleft palate
- Cleft palate alone
- Coloboma
- Craniosynostosis
- Dysmorphic facial features
- Ear malformation
- Macrocephaly
- Microcephaly
- List HC, if known: _____
- Other: _____

Cutaneous

- Not evaluated
- Within normal limits
- Hyperpigmentation
- Hypopigmentation

Musculoskeletal

- Not evaluated
- Within normal limits
- Contractures
- Club foot
- Diaphragmatic hernia
- Limb anomaly
- Polydactyly
- Scoliosis
- Syndactyly
- Vertebral anomaly
- Other: _____

Gastrointestinal

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

Genitourinary

- Not evaluated
- Within normal limits
- Ambiguous genitalia
- Hydronephrosis
- Hypospadias
- Kidney malformation
- Undescended testis
- Urethra/ureter obstruction
- Other: _____

Family History

- Not evaluated
- No relevant family history
- Parents with ≥ two miscarriages
- Other relatives with similar clinical history (please explain below)

CLINICAL DESCRIPTIONS—Please include any additional relevant clinical information not provided above.

In cooperation with the National Institutes of Health's efforts to improve the understanding of specific genetic changes, ARUP Laboratories submits HIPAA-compliant, de-identified (cannot be traced back to the patient) genetic test results and health information to public databases. Confidentiality of each sample is maintained. You may choose not to share your test result by calling ARUP at (800) 522-2787, ext. 3301. Your de-identified test information will not be shared with public databases after the request is made, but a separate opt-out request is required for each genetic test. For more information, please visit www.aruplab.com/genetics.