MAYO CLINIC
Mayo Medical Laboratories

Chromosomal Microarray Patient Information

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information provided, and family history. Supply the information requested below and **send paperwork with the specimen or return by fax to the Cytogenetics Laboratory, Attn: Genetic Counselors. Fax: 507-284-0043 Phone: 507-538-2952 / International clients: +1 507 266 5700 or email mmlglobal@mayo.edu.**

Patient Name *(Last, First, Middle Initial)*	Birth Date *(Month DD, YYYY)*	Sex ☐ Male ☐ Female
MML Account Number (if known)	Physician Phone	Fax

Clinical Information – check all that apply

Perinatal History
- ☐ Prematurity
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other: _____

Growth
- ☐ Failure to thrive
- ☐ Overgrowth
- ☐ Short stature
- ☐ Other: _____

Cognitive/Developmental
- ☐ Developmental delay
  - ☐ Fine motor delay
  - ☐ Gross motor delay
  - ☐ Speech delay
- ☐ Intellectual disability/MR
- ☐ Learning disability
- ☐ Other: _____

Behavioral/Psychiatric
- ☐ ADHD
- ☐ Autism
- ☐ Oppositional-defiant disorder
- ☐ Obsessive-compulsive disorder
- ☐ Pervasive developmental delay
- ☐ Other: _____

Cutaneous
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Other: _____

Neurological
- ☐ Ataxia
- ☐ Cerebral Palsy
- ☐ Encephalopathy
- ☐ Hypotonia
- ☐ Hypertonia
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Other: _____

Cardiac
- ☐ Atrial septal defect
- ☐ AV canal defect
- ☐ Tetralogy of Fallot
- ☐ Ventricular septal defect
- ☐ Other cardiac abnormality: _____

Craniofacial
- ☐ Cleft lip
- ☐ Cleft palate
- ☐ Craniosynostosis
- ☐ Dysmorphic features
- ☐ Ear malformation
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Hearing/Vision
- ☐ Abnormality of eye movement
- ☐ Abnormality of vision
- ☐ Hearing loss
- ☐ Other: _____

Musculoskeletal
- ☐ Club foot
- ☐ Contractures
- ☐ Diaphragmatic hernia
- ☐ Limb anomaly
- ☐ Polydactyly
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other: _____

Gastrointestinal
- ☐ Anal atresia
- ☐ Gastroschisis
- ☐ Omphalocele
- ☐ Pyloric stenosis
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Genitourinary
- ☐ Ambiguous genitalia
- ☐ Cryptorchidism
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Other: _____

Family History
- ☐ Parents with greater than or equal to two miscarriages
- ☐ Other relatives with similar clinical history (explain below)

Clinical Descriptions – include any additional relevant clinical information (list karyotype if known and provide a report)

As a participant in the ISCA (International Standards for Cytogenomic Arrays) Consortium, Mayo Clinic 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 our understanding of the relationships 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 800-533-1710, extension 8-2952 and asking to speak with a laboratory genetic counselor. Call with any questions.

☐ Refusal for inclusion in these efforts may be indicated by checking this box. (If the box is not marked, the data will be anonymized and submitted.)

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