MAYO CLINIC
Mayo Medical Laboratories

# *Chromosomal Microarray Prenatal 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<br>☐ Male ☐ Female |
|---|---|---|
| MML Account Number (if known) | Physician Phone | Fax |

**Clinical Information –** check all that apply

**Primary Indication for Testing**
- ☐ Abnormal aneuploidy screening
- ☐ Advanced maternal age
- ☐ Fetal abnormality
- ☐ Other _____

**Perinatal History**
- ☐ 2 vessel cord
- ☐ Hydrops
- ☐ Increased NT (includes cystic hygroma)
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other _____

**Neurological**
- ☐ Abnormal gyri (lissencephaly)
- ☐ Agenesis of the corpus callosum
- ☐ Cerebellar hypoplasia
- ☐ Dandy Walker
- ☐ Decreased fetal movement
- ☐ Holoprosencephaly
- ☐ Neural tube defect
- ☐ Structural brain anomaly
- ☐ Ventriculomegaly/hydrocephaly
- ☐ Other _____

**Craniofacial**
- ☐ Cleft lip + / - palate
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other _____

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

**Pulmonary**
- ☐ CCAM/small thoracic cavity
- ☐ Diaphragmatic hernia
- ☐ Pleural effusion
- ☐ Pulmonary sequestration
- ☐ Other _____

**Gastrointestinal**
- ☐ Absent stomach
- ☐ Echogenic focus
- ☐ Gastroschisis
- ☐ Meconium ileus/anal atresia
- ☐ Omphalocele
- ☐ Tracheoesophageal fistula
- ☐ Other _____

**Musculoskeletal**
- ☐ Acromelia
- ☐ Clenched hands
- ☐ Club foot
- ☐ Contractures (arthrogryposis)
- ☐ Limb anomaly
- ☐ Mesomelia/micromelia
- ☐ Polydactyly
- ☐ Skeletal dysplasia
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other _____

**Genitourinary**
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis kidney malformation
- ☐ Megacystis (including posterior valves)
- ☐ Polycystic kidneys
- ☐ Renal agenesis
- ☐ Urethra/ureter obstruction
- ☐ Other _____

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

**Clinical Descriptions–**include any additional relevant clinical information not provided above (list karyotype if known and provide a report)



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