MAYO CLINIC
Mayo Medical Laboratories

Cytogenetics – Array CGH Testing Patient Information Sheet

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information provided, and family history. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen or return by fax to the Cytogenetics Laboratory, attn: Genetic Counselors, 507-284-0043 (phone 507-538-2952).**

Patient Name *(First, Middle, Last)*	Birth Date *(Month DD, YYYY)*	Sex ☐ Male ☐ Female

Clinical Information – check all that apply

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

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

Development
- ☐ Fine motor delay
- ☐ Gross motor delay
- ☐ Speech delay
- ☐ Other: _____

Cognitive
- ☐ Learning disability
- ☐ Mental retardation
  List IQ/DQ, if known:_____
- ☐ Other: _____

Behavioral
- ☐ Asperger syndrome features
- ☐ Autism
- ☐ Oppositional-defiant disorder
- ☐ Obsessive-compulsive disorder
- ☐ Pervasive developmental delay
- ☐ Other: _____

Neurological
- ☐ Ataxia/dystonia/chorea
- ☐ Hypotonia
- ☐ Neural tube defect
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Other: _____

Cardiac
- ☐ ASD
- ☐ AV canal defect
- ☐ Coarctation of aorta
- ☐ Hypoplastic left heart
- ☐ Tetralogy of Fallot
- ☐ VSD
- ☐ Other: _____

Craniofacial
- ☐ Cleft lip +/- cleft palate
- ☐ Cleft palate alone
- ☐ Coloboma
- ☐ Craniosynostosis
- ☐ Dysmorphic facial features
- ☐ Ear malformation
- ☐ Macrocephaly
- ☐ Microcephaly
  List HC, if known: _____
- ☐ Other: _____

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

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

Gastrointestinal
- ☐ Gastroschisis
- ☐ Hirschsprung disease
- ☐ Omphalocele
- ☐ Pyloric stenosis
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Genitourinary
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Undescended testis
- ☐ Urethra/ureter obstruction
- ☐ Other: _____

Family History
- ☐ Parents with ≥ 2 miscarriages
- ☐ Other relatives with similar clinical history (explain below)

Clinical Descriptions – include any additional relevant clinical information not provided above

As a participant in the ISCA (International Standard Cytogenomic Array) 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 **1-800-533-1710, extension 8-2952** and asking to speak with a laboratory genetic counselor. Please 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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