Colorado Genetics Laboratory

Pediatric/Adult
Chromosomal Microarray (CMA)
Clinical Information Form

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Instructions: The accurate interpretation and reporting of CMA results is contingent upon the reason for referral, clinical information provided, and family history. To help provide the best possible service, please indicate applicable clinical information below.

Patient Name: (*last, first, middle initial*)	**Date of Birth: (*MM,DD,YYYY*)**	**Gender:** ☐ Male ☐ Female

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

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

Developmental:
- ☐ Fine motor delay
- ☐ Gross motor delay
- ☐ Speech Delay
- ☐ Other: _____

Cognitive:
- ☐ Learning disability
- ☐ Intellectual disability
  DQ/IQ if known: _____
- ☐ Other: _____

Behavioral:
- ☐ Autistic features
- ☐ Autism spectrum disorder
- ☐ Oppositional-defiant disorder
- ☐ Obsessive-compulsive disorder
- ☐ ADHD
- ☐ Other: _____

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

Neurological:
- ☐ Ataxia
- ☐ Dystonia
- ☐ Chorea
- ☐ Hypotonia
- ☐ Neural tube defect
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Cerebral palsy
- ☐ Other: _____

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

Craniofacial:
- ☐ Cleft lip +/- cleft palate
- ☐ Cleft palate alone
- ☐ Coloboma of eye
- ☐ Craniosynostosis
- ☐ Dysmorphic facial features
- ☐ Ear malformations
- ☐ Hyper/hypotelorism
- ☐ Micrognathia
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Head Circumference if known: _____

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

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

Genitourinary:
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Undescended testis
- ☐ Urethral malformation
- ☐ Ureteral obstruction
- ☐ Other: _____

Family History:
- ☐ Parents ≥ 2 miscarriages
- ☐ Familial chromosome change, explain: _____
- ☐ Positive family history, explain: _____
- ☐ Consanguinity
- ☐ Other: _____

Clinical Description – include any additional relevant clinical information not provided above **(include karyotype if known)**:

Laboratories are encouraged to participate in the Clinical Genome Resource (ClinGen) efforts to submit clinical information and test results to a HIPAA-compliant, de-identified public database as part of the NIH's effort to improve diagnostic testing and 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 this box ☐, OR by 2) calling the laboratory at (303) 724-5701 and asking to speak with a genetic counselor.