Colorado Genetics Laboratory

Prenatal
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*)**	**Fetal Gender:** ☐ Male ☐ Female ☐ Unknown **Gestational Age:**

Primary indication for test:
- ☐ Abnormal maternal serum screen
- ☐ Abnormal cffDNA screen (NIPS/NIPT)
- ☐ Advanced maternal age
- ☐ Fetal abnormality as indicated
- ☐ Elective
- ☐ Other: _____

Perinatal History:
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Increased NT (incl. cystic hygroma)
- ☐ Hydrops (unk. etiology or infection)
- ☐ Two vessel cord
- ☐ Other: _____

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

Craniofacial:
- ☐ Cleft lip +/- cleft palate
- ☐ Cleft palate alone
- ☐ Hyper/hypotelorism
- ☐ Micrognathia
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Head Circumference if known: _____

Neurological:
- ☐ NTD, describe: _____
- ☐ Agenesis of corpus callosum
- ☐ Dandy Walker (posterior fossa
- ☐ anomaly) Ventriculomegaly/
- ☐ hydrocephaly Holoprosencephaly
- ☐ Structural brain anomaly
- ☐ Decreased fetal movement
- ☐ Abnormal gyri (lissencephaly)
- ☐ Cerebellar hypoplasia
- ☐ Other: _____

Musculoskeletal:
- ☐ Contractures/arthrogryposis
- ☐ Club foot
- ☐ Limb anomaly
- ☐ Polydactyly
- ☐ Syndactyly
- ☐ Clenched hands
- ☐ Scoliosis
- ☐ Vertebral anomaly
- ☐ Micromelia
- ☐ Mesomelia
- ☐ Acromelia
- ☐ Skeletal dysplasia
- ☐ Other: _____

Pulmonary:
- ☐ CCAM
- ☐ Small thoracic cavity
- ☐ Diaphragmatic hernia
- ☐ Eventration of diaphragm
- ☐ Pulmonary sequestration
- ☐ Pleural effusion
- ☐ Other: _____

Cardiac:
- ☐ ASD
- ☐ VSD
- ☐ AV canal defect
- ☐ Coarctation of aorta
- ☐ Hypoplastic left heart
- ☐ Hypoplastic right heart
- ☐ Tetralogy of Fallot
- ☐ Echogenic intracardiac focus
- ☐ Dextrocardia or situs inversus
- ☐ Double outlet right ventricle
- ☐ Transposition of great vessels
- ☐ Truncus arteriosis
- ☐ Pulmonary valve atresia
- ☐ Aortic atresia
- ☐ Ebstein anomaly
- ☐ Other: _____

Gastrointestinal:
- ☐ Gastroschisis
- ☐ Omphalocele
- ☐ Absent stomach
- ☐ TE fistula
- ☐ Echogenic bowel
- ☐ Meconium ileus/anal atresia
- ☐ Other: _____

Genitourinary:
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis
- ☐ Kidney malformation
- ☐ Megacystis (including posterior valves)
- ☐ Polycystic kidneys
- ☐ Renal agenesis
- ☐ Urethra/ureter obstruction
- ☐ 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 2) calling the laboratory at (303) 724-5701 and asking to speak with a genetic counselor.