

Clinical Questionnaire for Whole Exome/Genome Sequencing

Patient name: _____ **Date of birth:** _____

Ordering provider signature: _____ Provider NPI: _____ Phone: _____ Date: _____

Ordering Provider: check any boxes that apply to the proband and his/her family (current or previous history of), including the proband's 1st and 2nd degree relatives. Accurate clinical information is critical for exome/genome analysis and interpretation. The prior authorization and laboratory testing processes will not begin until this form has been completed and received.

*For any checked boxes for family members, document who the affected individual(s) is/are in the additional relevant clinical information section below.

For prior authorization only, please fax this form to 844-890-0003; otherwise, include this form along with the sample. For questions, call 866-248-1265.

Prenatal History		Proband	Family*	Dermatologic Findings		Proband	Family*	Metabolic		Proband	Family*
IUGR		<input type="radio"/>	<input type="radio"/>	Alopecia		<input type="radio"/>	<input type="radio"/>	Elevated alanine		<input type="radio"/>	<input type="radio"/>
Prematurity/postmaturity		<input type="radio"/>	<input type="radio"/>	Angiokeratoma		<input type="radio"/>	<input type="radio"/>	Elevated pyruvate		<input type="radio"/>	<input type="radio"/>
Poly/oligohydramnios		<input type="radio"/>	<input type="radio"/>	Café au lait spots		<input type="radio"/>	<input type="radio"/>	CPK abnormalities		<input type="radio"/>	<input type="radio"/>
Cystic hygroma/increased NT		<input type="radio"/>	<input type="radio"/>	Hypo/hyperpigmentation		<input type="radio"/>	<input type="radio"/>	Ketosis		<input type="radio"/>	<input type="radio"/>
Other: _____		<input type="radio"/>	<input type="radio"/>	Ichthyosis		<input type="radio"/>	<input type="radio"/>	Lactic acidosis		<input type="radio"/>	<input type="radio"/>
General History		Proband	Family*	Rash/dermatitis/eczema		<input type="radio"/>	<input type="radio"/>	Organic aciduria		<input type="radio"/>	<input type="radio"/>
Failure to thrive		<input type="radio"/>	<input type="radio"/>	Nail dysplasia		<input type="radio"/>	<input type="radio"/>	Low plasma carnitine		<input type="radio"/>	<input type="radio"/>
Growth retardation/short stature		<input type="radio"/>	<input type="radio"/>	Abnormal connective tissue		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>
Overgrowth		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>	Neuromuscular		Proband	Family*
Fine motor delay		<input type="radio"/>	<input type="radio"/>	Brain Malformations		Proband	Family*	Ataxia		<input type="radio"/>	<input type="radio"/>
Gross motor delay		<input type="radio"/>	<input type="radio"/>	Agenesis-Corpus Callosum		<input type="radio"/>	<input type="radio"/>	Chorea		<input type="radio"/>	<input type="radio"/>
Speech delay		<input type="radio"/>	<input type="radio"/>	Holoprosencephaly		<input type="radio"/>	<input type="radio"/>	Dystonia		<input type="radio"/>	<input type="radio"/>
Intellectual disability/MR		<input type="radio"/>	<input type="radio"/>	Lissencephaly		<input type="radio"/>	<input type="radio"/>	Exercise intolerance/fatigue		<input type="radio"/>	<input type="radio"/>
IQ: _____		<input type="radio"/>	<input type="radio"/>	Cortical dysplasia		<input type="radio"/>	<input type="radio"/>	Headaches/migraines		<input type="radio"/>	<input type="radio"/>
Learning disability		<input type="radio"/>	<input type="radio"/>	Heterotopia		<input type="radio"/>	<input type="radio"/>	Hypotonia		<input type="radio"/>	<input type="radio"/>
Autism/Autism spectrum		<input type="radio"/>	<input type="radio"/>	Hydrocephalus		<input type="radio"/>	<input type="radio"/>	Hypertonia		<input type="radio"/>	<input type="radio"/>
Psychiatric disorder		<input type="radio"/>	<input type="radio"/>	Brain atrophy		<input type="radio"/>	<input type="radio"/>	Muscle weakness		<input type="radio"/>	<input type="radio"/>
Behavioral disorder		<input type="radio"/>	<input type="radio"/>	Abnormalities of basal ganglia		<input type="radio"/>	<input type="radio"/>	Neuropathy		<input type="radio"/>	<input type="radio"/>
Cardiovascular Findings		Proband	Family*	Other: _____		<input type="radio"/>	<input type="radio"/>	Seizures/epilepsy		<input type="radio"/>	<input type="radio"/>
ASD		<input type="radio"/>	<input type="radio"/>	Endocrine Findings		Proband	Family*	Stroke/stroke-like episodes		<input type="radio"/>	<input type="radio"/>
VSD		<input type="radio"/>	<input type="radio"/>	Adrenal abnormality		<input type="radio"/>	<input type="radio"/>	Spasticity		<input type="radio"/>	<input type="radio"/>
Cardiomyopathy		<input type="radio"/>	<input type="radio"/>	Diabetes mellitus		<input type="radio"/>	<input type="radio"/>	Torticollis		<input type="radio"/>	<input type="radio"/>
Arrhythmia/conduction defect		<input type="radio"/>	<input type="radio"/>	Hypothyroidism		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>
Tetralogy of Fallot		<input type="radio"/>	<input type="radio"/>	Hypoparathyroidism		<input type="radio"/>	<input type="radio"/>	Skeletal/Limb Findings		Proband	Family*
Coarctation of the aorta		<input type="radio"/>	<input type="radio"/>	Pheochromocytoma		<input type="radio"/>	<input type="radio"/>	Contractures		<input type="radio"/>	<input type="radio"/>
Hypoplastic left heart		<input type="radio"/>	<input type="radio"/>	Sex hormone abnormality		<input type="radio"/>	<input type="radio"/>	Clubfoot		<input type="radio"/>	<input type="radio"/>
Aortic root dilation		<input type="radio"/>	<input type="radio"/>	Gastrointestinal Findings		Proband	Family*	Polydactyly		<input type="radio"/>	<input type="radio"/>
Other: _____		<input type="radio"/>	<input type="radio"/>	Abnormal liver function		<input type="radio"/>	<input type="radio"/>	Syndactyly		<input type="radio"/>	<input type="radio"/>
Craniofacial/Ophthalmologic/Auditory		Proband	Family*	Achalasia		<input type="radio"/>	<input type="radio"/>	Scoliosis		<input type="radio"/>	<input type="radio"/>
Blindness		<input type="radio"/>	<input type="radio"/>	Bile duct proliferation		<input type="radio"/>	<input type="radio"/>	Vertebral anomaly		<input type="radio"/>	<input type="radio"/>
Cataracts		<input type="radio"/>	<input type="radio"/>	Biliary atresia		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>
Coloboma		<input type="radio"/>	<input type="radio"/>	Cirrhosis		<input type="radio"/>	<input type="radio"/>	Consanguinity <input type="radio"/> Yes <input type="radio"/> No			
Glaucoma		<input type="radio"/>	<input type="radio"/>	Chronic constipation		<input type="radio"/>	<input type="radio"/>	Other Testing/Findings			
Retinal disorder		<input type="radio"/>	<input type="radio"/>	Chronic diarrhea		<input type="radio"/>	<input type="radio"/>	(Please summarize results or attach them)			
Ptosis		<input type="radio"/>	<input type="radio"/>	Congenital anomaly: _____		<input type="radio"/>	<input type="radio"/>	Chromosomes _____			
Optic atrophy		<input type="radio"/>	<input type="radio"/>	Hepatomegaly		<input type="radio"/>	<input type="radio"/>	FISH _____			
Retinitis pigmentosa		<input type="radio"/>	<input type="radio"/>	Hirschsprung disease		<input type="radio"/>	<input type="radio"/>	Microarray _____			
Cleft lip/palate		<input type="radio"/>	<input type="radio"/>	Jaundice		<input type="radio"/>	<input type="radio"/>	Fragile X _____			
Craniosynostosis		<input type="radio"/>	<input type="radio"/>	Liver failure		<input type="radio"/>	<input type="radio"/>	Muscle biopsy _____			
Microcephaly		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>	Other (clinical or research) _____			
Macrocephaly		<input type="radio"/>	<input type="radio"/>	Genitourinary Findings		Proband	Family*	Ethnicity (check all that apply)		Maternal	Paternal
Hearing loss		<input type="radio"/>	<input type="radio"/>	Ambiguous genitalia		<input type="radio"/>	<input type="radio"/>	Caucasian/White		<input type="radio"/>	<input type="radio"/>
External ear malformation		<input type="radio"/>	<input type="radio"/>	Abnormal renal function		<input type="radio"/>	<input type="radio"/>	African American/Black		<input type="radio"/>	<input type="radio"/>
Ototoxicity		<input type="radio"/>	<input type="radio"/>	Hypospadias		<input type="radio"/>	<input type="radio"/>	Hispanic		<input type="radio"/>	<input type="radio"/>
Dysmorphic facial features		<input type="radio"/>	<input type="radio"/>	Hydronephrosis		<input type="radio"/>	<input type="radio"/>	Asian		<input type="radio"/>	<input type="radio"/>
Other: _____		<input type="radio"/>	<input type="radio"/>	Kidney malformation		<input type="radio"/>	<input type="radio"/>	Ashkenazi Jewish		<input type="radio"/>	<input type="radio"/>
Cancer/Malignancy		Proband	Family*	Obstructive renal disease		<input type="radio"/>	<input type="radio"/>	Sephardic Jewish		<input type="radio"/>	<input type="radio"/>
Tumor type: _____		<input type="radio"/>	<input type="radio"/>	Renal agenesis/hypoplasia		<input type="radio"/>	<input type="radio"/>	Other: _____		<input type="radio"/>	<input type="radio"/>
Location: _____		<input type="radio"/>	<input type="radio"/>	Sex reversal		<input type="radio"/>	<input type="radio"/>	Additional relevant clinical information:			
Age of onset: _____		<input type="radio"/>	<input type="radio"/>	Undescended testicles		<input type="radio"/>	<input type="radio"/>				
Affected family members: _____		<input type="radio"/>	<input type="radio"/>	Congenital genital anomalies:		<input type="radio"/>	<input type="radio"/>				
Hematologic/Immunologic		Proband	Family*	Anemia		<input type="radio"/>	<input type="radio"/>				
Allergies: _____		<input type="radio"/>	<input type="radio"/>	Autoimmune disorder		<input type="radio"/>	<input type="radio"/>				
Enlarged lymph nodes		<input type="radio"/>	<input type="radio"/>	Immunodeficiency		<input type="radio"/>	<input type="radio"/>				
Neutropenia/pancytopenia		<input type="radio"/>	<input type="radio"/>	Thymic hypoplasia		<input type="radio"/>	<input type="radio"/>				
Other: _____		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>				

