MNG LABORATORIES
A LabCorp Company

# Clinical Information Form

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Patient Name _____ DOB _____

## Clinical (Check All That Apply)

**Eye**
- ☐ Retinitis Pigmentosa
- ☐ Optic Atrophy
- ☐ Other

**Hearing**
- ☐ Sensorineural ☐ Stickler ☐ Usher

**Neuronal Migration**
- ☐ Meckel ☐ Joubert ☐ Other

☐ Stroke

**Cognitive/Neurobehavioral**
☐ Intellectual Disability (ID) ☐ Syndromic ID ☐ Nonsyndromic ID ☐ Autism ☐ Dementia

**Movement Disorders**
☐ Ataxia ☐ Episodic Ataxia ☐ Dystonia ☐ Chorea/Athetosis ☐ Parkinson Disease ☐ L-Dopa Response

**Epilepsy** ☐ Myoclonic ☐ Other
- ☐ Absence ☐ Tonic Clonic
- ☐ Epileptic Encephalopathy

**Spasticity**
- ☐ Spastic Paraplegia ☐ Other
- ☐ Spastic Quadriplegia

**Connective Tissue & Bone**
- ☐ Ehlers Danlos ☐ Marfan ☐ Aneurysms
- ☐ Other

**Neuromuscular**
- ☐ Distal ☐ Proximal ☐ Muscle Atrophy ☐ Contractures
- ☐ Malignant Hyperthermia ☐ Arthrogryposis ☐ Rhabdomyolysis
- ☐ Periodic Paralysis ☐ Statin Use ☐ Myasthenia

**Nerve/Anterior Horn Cell**
- ☐ Neurofibromas ☐ Charcot-Marie-Tooth ☐ Sensory
- ☐ Autonomic ☐ Pain ☐ Motor ☐ Nerve Conduction
- ☐ Other

**Cardiomyopathy**
- ☐ Dilated ☐ Hypertrophic
- ☐ Noncompaction

**Arrhythmias**
- ☐ Ventricular Tachycardia ☐ Brugada
- ☐ Long or Short QT ☐ Conduction Defect

**Congenital Heart Defects**
- ☐ Heterotaxy
- ☐ Other

**Endocrine**
- ☐ Hypothyroidism ☐ Other
- ☐ Diabetes Mellitus

## Imaging (Check All That Apply)

**Brain MRI**
- ☐ Leigh Disease
- ☐ Basal Ganglia Calcification
- ☐ Stroke
- ☐ Cerebellar Atrophy
- ☐ Abnormal Myelin (describe)

**EEG (Describe Findings)**

**EMG/NVC (Describe Findings)**

## Laboratory

**Metabolic (Describe Findings)**

**CPK** Maximum _____
Minimum _____

**Genetic (Describe Findings)**
- ☐ Chromosomal Microarray
- ☐ Deletion/Insertion Testing
- ☐ Other (comment)

## Family History

**Ethnicity (please check)**

☐ Caucasian ☐ Sephardic Jewish ☐ African American (or Black) ☐ Asian
☐ Hispanic ☐ Ashkenazi Jewish ☐ Native American (or American Indian) ☐ Other: _____

| Affected Maternal Lineage | Affected Paternal Lineage | Siblings |
|---|---|---|
| Relationship to Proband | Relationship to Proband | Number (specify gender) |
| Symptoms | Symptoms | Healthy/Affected |

**Additional Comments**