OPTILAB Montréal-CUSM

Centre universitaire de santé McGill — McGill University Health Centre

TESTING ELIGIBILITY CRITERIA FORM
Non-syndromic hearing loss multigene panel

Minimum clinical criteria for testing are listed below. Please complete and provide any relevant familial information on the requisition.

If testing criteria are not met and you believe testing should be performed, please contact the laboratory (molecular.genetics@muhc.mcgill.ca).

***Incomplete information may lead to delayed of cancelled testing.**

PATIENT STAMP OR LABEL HERE

Name (Last, First):*

Birth date (YYYY-MM-DD):* / /

Father's name:

Mother's name:

Medical Record # (MRN):*

RAMQ # :*

For babies, please provide mother's RAMQ #

Sex:* ☐ Male ☐ Female ☐ Unknown

For all submitted requests, we recommend ordering trio testing. Please also provide a copy of the patient's most recent audiogram as well as any relevant imaging reports, if available.

Referring physician's specialty (*test can be ordered by one of the following specialties*) :*

☐ Medical genetics ☐ Pediatrics ☐ Otolaryngology

Testing indication (*indications and minimum criteria required for testing*):*

☐ Congenital or early-onset sensorineural hearing loss

☐ Sensorineural hearing loss **AND** family history of hearing loss (*provide detailed pedigree on requisition*)

☐ Progressive or late-onset sensorineural hearing loss **AND** acquired causes excluded

Test is requested in:*

☐ Solo

☐ Duo – name of relative : birth date : relationship to proband :

☐ Trio – name of relative #1 : birth date : relationship to proband :

name of relative #2 : birth date : relationship to proband :

Clinical information (*provide as much information as possible*):

- Age of onset : ☐ Congenital ☐ Other :
- Progressive : ☐ Yes ☐ No ☐ Unknown
- Hearing loss :
  - Right Ear : ☐ None ☐ Mild ☐ Moderate ☐ Moderatly severe ☐ Severe ☐ Profound
  - Left Ear : ☐ None ☐ Mild ☐ Moderate ☐ Moderatly severe ☐ Severe ☐ Profound
- History of syncope : ☐ Yes ☐ No ☐ Unknown
- Vestibular symptoms : ☐ Yes ☐ No ☐ Unknown
  - Age of onset :
  - Specify symptoms :
- Ocular symptoms : ☐ Yes ☐ No ☐ Unknown
  - Age of onset :
  - Specify symptoms (e.g. cataracts, myopia) :
- Delayed motor milestones : ☐ Yes ☐ No
- Other relevant clinical history or physical exam notes :
- History of sudden death in one or more relative : ☐ Yes ☐ No ☐ Unknown
- Relative(s) with hearing loss : ☐ Yes ☐ No ☐ Unknown
  - Age of onset: ☐ Congenital ☐ Other:
  - Relationship to proband :
  - Other relevant clinical presentations :