

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Intake Demographics***

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NBSTRN ID \_\_\_\_\_

Version 2.1.2

Center name

 A  B  C  D  E  F  G  H  I  J  K  L M  N  O  P  Q  R  S  T  U  V  OtherIntake date      

### **Consent**

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Consent obtained  Yes  No  IRB ExemptAssent obtained  Yes  NoType of assent  Written  VerbalPermission to recontact  Unknown  Yes  NoProtocol ID  A

### **Demographics Information**

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Patient last name \_\_\_\_\_

Patient first name \_\_\_\_\_

Date of birth      

Age \_\_\_\_\_

Gestational age in weeks \_\_\_\_\_

Societal sex  Unknown  Male  Female

Biological sex

- Not tested  Unknown  XX genotype/Female
- XY genotype/Male  XXX Triple X syndrome  XXY Klinefelter's syndrome
- XO Turner's syndrome  XXXY syndrome  XXYY syndrome
- Mosaic including XXXXY  Penta X syndrome  Other

Biological sex-other, specify \_\_\_\_\_

Biological mother's maiden name \_\_\_\_\_

Zip code \_\_\_\_\_

### **Condition**

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Patient condition category  Organic acid disordersSpecify organic acid disorder diagnosis for the patient  Methylmalonic acidemia with homocystinuria (Cbl C,D)CblC,D Diagnosis  Cobalamin C  Cobalamin D  Cobalamin F  Transcobalamin II deficiency  Unknown

Patient disorder identification method

Patient Name \_\_\_\_\_

Date       Unknown  Abnormal newborn screen  Abnormal labs Clinical presentation  Family member with this condition

Family member with this condition

 Biological mother  Biological father  Full sibling  Half sibling  Other

Family member with this condition \_\_\_\_\_

**Care and Other Studies**

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Miles from home to primary care \_\_\_\_\_

Miles from home to specialty care \_\_\_\_\_

Specify type of primary care provider  Unknown  Family practice  Internal medicine  Pediatrics

Name of primary care provider \_\_\_\_\_

Specify medical home  Unknown  None  Primary care center  Speciality care center  Other

Specify medical home-other, specify \_\_\_\_\_

Patient is in other research studies  Unknown  Yes  NoOther research studies are clinical trials  Unknown  Yes  No

Research study-other, specify \_\_\_\_\_

Clinicaltrials.gov identifier \_\_\_\_\_

**Education**

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Maternal education

 Unknown 8th grade/less 9th-12th grade, no diploma High school graduate or GED completed Some college credit but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Paternal education

 Unknown 8th grade/less 9th-12th grade, no diploma High school graduate or GED completed Some college credit but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS)

Patient Name \_\_\_\_\_

Date      

- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

## Patient education

- Unknown
- 8th grade/less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Special education services received prior to intake  Unknown  Yes  No

## Age patient qualified for special education services

- Unknown  <1  1 year  2 years  3 years  4 years  5 years  6 years
- 7 years  8 years  9 years  10 years  11 years  12 years  13 years  14 years
- 15 years  16 years  17 years  18 years

**Ancestral Origin, Race and Ethnicity**Ancestral Origin  Unknown  Africa  Asia  Europe  North America  South America  Oceania  Other

## Ancestral Origin-Africa

- Unknown  Egypt  Eritrea  Ethiopia  Liberia  Somalia  South Africa
- Other

Ancestral Origin-Africa-Other, specify \_\_\_\_\_

## Ancestral Origin-Asia

- Unknown  Bhutan  China  Hmong
- India  Israel  Japan  Jordan
- Korea-North  Korea-South  Laos  Lebanon
- Palestinian territories  Pakistan  Philippines  Russian Federation
- Syria  Thailand  Vietnam  Other

Ancestral Origin-Asia-Other, specify \_\_\_\_\_

## Ancestral Origin-Europe

- Unknown  Austria  Belgium  Bulgaria  Croatia
- Czech Republic  Denmark  Finland  France  Germany
- Greece  Hungary  Iceland  Ireland  Italy
- Lithuania  Malta  Netherlands  Norway  Poland

Patient Name \_\_\_\_\_

Date       Romania  Serbia  Slovakia  Slovenia  Spain Sweden  Switzerland  Ukraine  United Kingdom  OtherAncestral Origin-Europe-Italy  Unknown  SicilyAncestral Origin-Europe-Romania  Unknown  TransylvaniaAncestral Origin-Europe-United Kingdom  Unknown  England  Northern Ireland  Scotland  Wales

Ancestral Origin-Europe-Other, specify \_\_\_\_\_

Ancestral Origin-North America

 Unknown  Aleutian Islands  Canada  Dominican Republic  Honduras Mexico  Puerto Rico  United States  OtherAncestral Origin-North America-Canada  Unknown  French Canadian

Ancestral Origin-North America-Other, specify \_\_\_\_\_

Ancestral Origin-South America  Unknown  Colombia  Venezuela  Other

Ancestral Origin-South America-Other, specify \_\_\_\_\_

Ancestral Origin-Oceania  Unknown  Australia  Other

Ancestral Origin-Oceania-Other, specify \_\_\_\_\_

Ancestral Origin-Other  Unknown  Amish  Arabic  Hutterite  Mennonite  Jewish  OtherAncestral Origin-Other-Jewish  Unknown  Ashkenazic  Sephardic

Ancestral Origin-Other, specify \_\_\_\_\_

Race

 Not reported  American Indian/Alaskan Native Asian  Black or African American Native Hawaiian or Other Pacific Islander  WhiteRace-American Indian/Alaskan Native  Aleutian  Cherokee  Other

Race-American Indian/Alaskan Native-Other, specify \_\_\_\_\_

Patient is Hispanic or Latino  Not reported  Yes  No**Socioeconomics**

Maternal age (in years) at patient's birth \_\_\_\_\_

Paternal age (in years) at patient's birth \_\_\_\_\_

Mother's marital status at patient's birth

 Unknown  Married  Widowed  Divorced  Separated Never married  Living with partner

County mother resides in at patient's birth \_\_\_\_\_

State mother resides in at patient's birth

 Unknown  Not Applicable  AL  AK  AZ  AR CA  CO  CT  DE  DC  FL

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> GA | <input type="radio"/> HI | <input type="radio"/> ID | <input type="radio"/> IL | <input type="radio"/> IN | <input type="radio"/> IA |
| <input type="radio"/> KS | <input type="radio"/> KY | <input type="radio"/> LA | <input type="radio"/> ME | <input type="radio"/> MD | <input type="radio"/> MA |
| <input type="radio"/> MI | <input type="radio"/> MN | <input type="radio"/> MS | <input type="radio"/> MO | <input type="radio"/> MT | <input type="radio"/> NE |
| <input type="radio"/> NV | <input type="radio"/> NH | <input type="radio"/> NJ | <input type="radio"/> NM | <input type="radio"/> NY | <input type="radio"/> NC |
| <input type="radio"/> ND | <input type="radio"/> OH | <input type="radio"/> OK | <input type="radio"/> OR | <input type="radio"/> PA | <input type="radio"/> PR |
| <input type="radio"/> RI | <input type="radio"/> SC | <input type="radio"/> SD | <input type="radio"/> TN | <input type="radio"/> TX | <input type="radio"/> UT |
| <input type="radio"/> VT | <input type="radio"/> VA | <input type="radio"/> WA | <input type="radio"/> WV | <input type="radio"/> WI | <input type="radio"/> WY |

## Medical Coverage

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Medical coverage at time of intake

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

Medical coverage at intake-Patient assistance program, specify \_\_\_\_\_

Medical coverage at intake-Other, specify \_\_\_\_\_

## Language

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Primary language spoken at home  Unknown  English  Non-English  Both

Identify Non-English language(s) spoken at home  Arabic  Hmong  Polish  Somalian  Spanish  Other

Identify Non-English language(s) spoken at home-other, specify \_\_\_\_\_

Written/web-based information on this condition provided to the patient/primary caregiver in his/her primary language

Unknown  Yes  No

## Comments

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Intake demographics comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Intake Family History***

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### **Family History**

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Consanguinity Unknown Yes NoPatient was adopted Unknown Yes No

Number of pregnancies for patient's mother \_\_\_\_\_

Number of live births for patient's mother \_\_\_\_\_

### **Siblings**

Number of biological siblings in the patient's family \_\_\_\_\_

Sibling 1: Sibling type Full HalfSibling 1: Half Maternal PaternalSibling 1: Gender Unknown Male Female

Sibling 1: Year of birth \_\_\_\_\_

Sibling 1: Affected with this condition Unknown Yes NoSibling 1: Enrolled in this study Unknown Yes No

Sibling 1: NBSTRN ID for this study \_\_\_\_\_

Sibling 1: Method of diagnosis

Unknown Clinical exam Diagnostic test(s) Newborn screenPatient/parent report Prenatal testing Other

Sibling 1: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 1: Newborn screen performed for this condition Unknown Yes No

Sibling 1: Results of newborn screening for this condition

Unavailable Presumptive positive Negative/Normal BorderlineSibling 1: Diagnostic tests performed for this condition Unknown Yes No

Sibling 1: Specify the type of diagnostic tests performed

Unknown Biochemical Molecular Imaging Other

Sibling 1: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 1: Deceased Unknown Yes No

Sibling 1: Age of death (in years) \_\_\_\_\_

Sibling 1: Timing of diagnosis Unknown Pre-mortem Post-mortemSibling 2: Sibling type Full HalfSibling 2: Half Maternal PaternalSibling 2: Gender Unknown Male Female

Sibling 2: Year of birth \_\_\_\_\_

Sibling 2: Affected with this condition Unknown Yes No

Patient Name \_\_\_\_\_

Date      Sibling 2: Enrolled in this study  Unknown  Yes  No

Sibling 2: NBSTRN ID for this study \_\_\_\_\_

Sibling 2: Method of diagnosis

Unknown  Clinical exam  Diagnostic test(s)  Newborn screen  
 Patient/parent report  Prenatal testing  Other

Sibling 2: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 2: Newborn screen performed for this condition  Unknown  Yes  No

Sibling 2: Results of newborn screening for this condition

Unavailable  Presumptive positive  Negative/Normal  Borderline

Sibling 2: Diagnostic tests performed for this condition  Unknown  Yes  No

Sibling 2: Specify the type of diagnostic tests performed

Unknown  Biochemical  Molecular  Imaging  Other

Sibling 2: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 2: Deceased  Unknown  Yes  No

Sibling 2: Age of death (in years) \_\_\_\_\_

Sibling 2: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemSibling 3: Sibling type  Full  HalfSibling 3: Half  Maternal  PaternalSibling 3: Gender  Unknown  Male  Female

Sibling 3: Year of birth \_\_\_\_\_

Sibling 3: Affected with this condition  Unknown  Yes  NoSibling 3: Enrolled in this study  Unknown  Yes  No

Sibling 3: NBSTRN ID for this study \_\_\_\_\_

Sibling 3: Method of diagnosis

Unknown  Clinical exam  Diagnostic test(s)  Newborn screen  
 Patient/parent report  Prenatal testing  Other

Sibling 3: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 3: Newborn screen performed for this condition  Unknown  Yes  No

Sibling 3: Results of newborn screening for this condition

Unavailable  Presumptive positive  Negative/Normal  Borderline

Sibling 3: Diagnostic tests performed for this condition  Unknown  Yes  No

Sibling 3: Specify the type of diagnostic tests performed

Unknown  Biochemical  Molecular  Imaging  Other

Sibling 3: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 3: Deceased  Unknown  Yes  No

Patient Name \_\_\_\_\_

Date      

Sibling 3: Age of death (in years) \_\_\_\_\_

Sibling 3: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemSibling 4: Sibling type  Full  HalfSibling 4: Half  Maternal  PaternalSibling 4: Gender  Unknown  Male  Female

Sibling 4: Year of birth \_\_\_\_\_

Sibling 4: Affected with this condition  Unknown  Yes  NoSibling 4: Enrolled in this study  Unknown  Yes  No

Sibling 4: NBSTRN ID for this study \_\_\_\_\_

Sibling 4: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Sibling 4: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 4: Newborn screen performed for this condition  Unknown  Yes  No

Sibling 4: Results of newborn screening for this condition

 Unavailable  Presumptive positive  Negative/Normal  BorderlineSibling 4: Diagnostic tests performed for this condition  Unknown  Yes  No

Sibling 4: Specify the type of diagnostic tests performed

 Unknown  Biochemical  Molecular  Imaging  Other

Sibling 4: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 4: Deceased  Unknown  Yes  No

Sibling 4: Age of death (in years) \_\_\_\_\_

Sibling 4: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemSibling 5: Sibling type  Full  HalfSibling 5: Half  Maternal  PaternalSibling 5: Gender  Unknown  Male  Female

Sibling 5: Year of birth \_\_\_\_\_

Sibling 5: Affected with this condition  Unknown  Yes  NoSibling 5: Enrolled in this study  Unknown  Yes  No

Sibling 5: NBSTRN ID for this study \_\_\_\_\_

Sibling 5: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Sibling 5: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 5: Newborn screen performed for this condition  Unknown  Yes  No

Patient Name \_\_\_\_\_

Date      

Sibling 5: Results of newborn screening for this condition

 Unavailable       Presumptive positive     Negative/Normal       BorderlineSibling 5: Diagnostic tests performed for this condition     Unknown     Yes     No

Sibling 5: Specify the type of diagnostic tests performed

 Unknown       Biochemical       Molecular       Imaging       Other

Sibling 5: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 5: Deceased     Unknown     Yes     No

Sibling 5: Age of death (in years) \_\_\_\_\_

Sibling 5: Timing of diagnosis     Unknown     Pre-mortem     Post-mortemSibling 6: Sibling type     Full     HalfSibling 6: Half     Maternal     PaternalSibling 6: Gender     Unknown     Male     Female

Sibling 6: Year of birth \_\_\_\_\_

Sibling 6: Affected with this condition     Unknown     Yes     NoSibling 6: Enrolled in this study     Unknown     Yes     No

Sibling 6: NBSTRN ID for this study \_\_\_\_\_

Sibling 6: Method of diagnosis

 Unknown       Clinical exam       Diagnostic test(s)       Newborn screen  
 Patient/parent report     Prenatal testing       Other

Sibling 6: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 6: Newborn screen performed for this condition     Unknown     Yes     No

Sibling 6: Results of newborn screening for this condition

 Unavailable       Presumptive positive     Negative/Normal       BorderlineSibling 6: Diagnostic tests performed for this condition     Unknown     Yes     No

Sibling 6: Specify the type of diagnostic tests performed

 Unknown       Biochemical       Molecular       Imaging       Other

Sibling 6: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 6: Deceased     Unknown     Yes     No

Sibling 6: Age of death (in years) \_\_\_\_\_

Sibling 6: Timing of diagnosis     Unknown     Pre-mortem     Post-mortemSibling 7: Sibling type     Full     HalfSibling 7: Half     Maternal     PaternalSibling 7: Gender     Unknown     Male     Female

Sibling 7: Year of birth \_\_\_\_\_

Sibling 7: Affected with this condition     Unknown     Yes     No

Patient Name \_\_\_\_\_

Date      Sibling 7: Enrolled in this study  Unknown  Yes  No

Sibling 7: NBSTRN ID for this study \_\_\_\_\_

Sibling 7: Method of diagnosis

Unknown  Clinical exam  Diagnostic test(s)  Newborn screen  
 Patient/parent report  Prenatal testing  Other

Sibling 7: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 7: Newborn screen performed for this condition  Unknown  Yes  No

Sibling 7: Results of newborn screening for this condition

Unavailable  Presumptive positive  Negative/Normal  Borderline

Sibling 7: Diagnostic tests performed for this condition  Unknown  Yes  No

Sibling 7: Specify the type of diagnostic tests performed

Unknown  Biochemical  Molecular  Imaging  Other

Sibling 7: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 7: Deceased  Unknown  Yes  No

Sibling 7: Age of death (in years) \_\_\_\_\_

Sibling 7: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemSibling 8: Sibling type  Full  HalfSibling 8: Half  Maternal  PaternalSibling 8: Gender  Unknown  Male  Female

Sibling 8: Year of birth \_\_\_\_\_

Sibling 8: Affected with this condition  Unknown  Yes  NoSibling 8: Enrolled in this study  Unknown  Yes  No

Sibling 8: NBSTRN ID for this study \_\_\_\_\_

Sibling 8: Method of diagnosis

Unknown  Clinical exam  Diagnostic test(s)  Newborn screen  
 Patient/parent report  Prenatal testing  Other

Sibling 8: Method of diagnosis-other, specify \_\_\_\_\_

Sibling 8: Newborn screen performed for this condition  Unknown  Yes  No

Sibling 8: Results of newborn screening for this condition

Unavailable  Presumptive positive  Negative/Normal  Borderline

Sibling 8: Diagnostic tests performed for this condition  Unknown  Yes  No

Sibling 8: Specify the type of diagnostic tests performed

Unknown  Biochemical  Molecular  Imaging  Other

Sibling 8: Diagnostic tests performed-other, specify \_\_\_\_\_

Sibling 8: Deceased  Unknown  Yes  No

Patient Name \_\_\_\_\_

Date      

Sibling 8: Age of death (in years) \_\_\_\_\_

Sibling 8: Timing of diagnosis  Unknown  Pre-mortem  Post-mortem**Parents**Biological mother: Affected with this condition  Unknown  Yes  NoBiological mother: Enrolled in this study  Unknown  Yes  No

Biological mother: NBSTRN ID for this study \_\_\_\_\_

Biological mother: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Biological mother: Method of diagnosis-other, specify \_\_\_\_\_

Biological mother: Newborn screen performed for this condition  Unknown  Yes  No

Biological mother: Results of newborn screening for this condition

 Unavailable  Presumptive positive  Negative/Normal  BorderlineBiological mother: Diagnostic tests performed for this condition  Unknown  Yes  No

Biological mother: Specify the type of diagnostic tests performed

 Unknown  Biochemical  Molecular  Imaging  Other

Biological mother: Diagnostic tests performed-other, specify \_\_\_\_\_

Biological mother: Deceased  Unknown  Yes  No

Biological mother: Age of death (in years) \_\_\_\_\_

Biological mother: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemBiological father: Affected with this condition  Unknown  Yes  NoBiological father: Enrolled in this study  Unknown  Yes  No

Biological father: NBSTRN ID for this study \_\_\_\_\_

Biological father: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Biological father: Method of diagnosis-other, specify \_\_\_\_\_

Biological father: Newborn screen performed for this condition  Unknown  Yes  No

Biological father: Results of newborn screening for this condition

 Unavailable  Presumptive positive  Negative/Normal  BorderlineBiological father: Diagnostic tests performed for this condition  Unknown  Yes  No

Biological father: Specify the type of diagnostic tests performed

 Unknown  Biochemical  Molecular  Imaging  Other

Biological father: Diagnostic tests performed-other, specify \_\_\_\_\_

Biological father: Deceased  Unknown  Yes  No

Patient Name \_\_\_\_\_

Date      

Biological father: Age of death (in years) \_\_\_\_\_

Biological father: Timing of diagnosis  Unknown  Pre-mortem  Post-mortem**Grandparents**Maternal grandmother: Affected with this condition  Unknown  Yes  NoMaternal grandmother: Enrolled in this study  Unknown  Yes  No

Maternal grandmother: NBSTRN ID for this study \_\_\_\_\_

Maternal grandmother: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Maternal grandmother: Method of diagnosis-other, specify \_\_\_\_\_

Maternal grandmother: Diagnostic tests performed for this condition  Unknown  Yes  No

Maternal grandmother: Specify the type of diagnostic tests performed

 Unknown  Biochemical  Molecular  Imaging  Other

Maternal grandmother: Diagnostic tests performed-other, specify \_\_\_\_\_

Maternal grandmother: Deceased  Unknown  Yes  No

Maternal grandmother: Age of death (in years) \_\_\_\_\_

Maternal grandmother: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemMaternal grandfather: Affected with this condition  Unknown  Yes  NoMaternal grandfather: Enrolled in this study  Unknown  Yes  No

Maternal grandfather: NBSTRN ID for this study \_\_\_\_\_

Maternal grandfather: Method of diagnosis

 Unknown  Clinical exam  Diagnostic test(s)  Newborn screen Patient/parent report  Prenatal testing  Other

Maternal grandfather: Method of diagnosis-other, specify \_\_\_\_\_

Maternal grandfather: Diagnostic tests performed for this condition  Unknown  Yes  No

Maternal grandfather: Specify the type of diagnostic tests performed

 Unknown  Biochemical  Molecular  Imaging  Other

Maternal grandfather: Diagnostic tests performed-other, specify \_\_\_\_\_

Maternal grandfather: Deceased  Unknown  Yes  No

Maternal grandfather: Age of death (in years) \_\_\_\_\_

Maternal grandfather: Timing of diagnosis  Unknown  Pre-mortem  Post-mortemPaternal grandmother: Affected with this condition  Unknown  Yes  NoPaternal grandmother: Enrolled in this study  Unknown  Yes  No

Paternal grandmother: NBSTRN ID for this study \_\_\_\_\_

Paternal grandmother: Method of diagnosis

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>
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- Unknown       Clinical exam       Diagnostic test(s)       Newborn screen  
 Patient/parent report    Prenatal testing       Other

Paternal grandmother: Method of diagnosis-other, specify \_\_\_\_\_

Paternal grandmother: Diagnostic tests performed for this condition    Unknown    Yes    No

Paternal grandmother: Specify the type of diagnostic tests performed

- Unknown       Biochemical       Molecular       Imaging       Other

Paternal grandmother: Diagnostic tests performed-other, specify \_\_\_\_\_

Paternal grandmother: Deceased    Unknown    Yes    No

Paternal grandmother: Age of death (in years) \_\_\_\_\_

Paternal grandmother: Timing of diagnosis    Unknown    Pre-mortem    Post-mortem

Paternal grandfather: Affected with this condition    Unknown    Yes    No

Paternal grandfather: Enrolled in this study    Unknown    Yes    No

Paternal grandfather: NBSTRN ID for this study \_\_\_\_\_

Paternal grandfather: Method of diagnosis

- Unknown       Clinical exam       Diagnostic test(s)       Newborn screen  
 Patient/parent report    Prenatal testing       Other

Paternal grandfather: Method of diagnosis-other, specify \_\_\_\_\_

Paternal grandfather: Diagnostic tests performed for this condition    Unknown    Yes    No

Paternal grandfather: Specify the type of diagnostic tests performed

- Unknown       Biochemical       Molecular       Imaging       Other

Paternal grandfather: Diagnostic tests performed-other, specify \_\_\_\_\_

Paternal grandfather: Deceased    Unknown    Yes    No

Paternal grandfather: Age of death (in years) \_\_\_\_\_

Paternal grandfather: Timing of diagnosis    Unknown    Pre-mortem    Post-mortem

**Other Family**

Other affected family members NOT listed above    Unknown    Yes    No

Number of other affected family members that are NOT listed above \_\_\_\_\_

Relationship to affected family member 1 \_\_\_\_\_

Relationship to affected family member 2 \_\_\_\_\_

Relationship to affected family member 3 \_\_\_\_\_

Relationship to affected family member 4 \_\_\_\_\_

Relationship to affected family member 5 \_\_\_\_\_

Relationship to affected family member 6 \_\_\_\_\_

Relationship to affected family member 7 \_\_\_\_\_

Relationship to affected family member 8 \_\_\_\_\_

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Relationship to affected family member 9 \_\_\_\_\_

Relationship to affected family member 10 \_\_\_\_\_

**Comments**

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Intake family history comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Intake Past Health History***

### **Prenatal History**

Prenatal diagnosis done for this condition   Unknown   Yes   No

Form of prenatal diagnosis

- Unknown                      Amniocentesis                      Chorionic villus sampling (CVS)  
Fetal blood

Amniocentesis diagnosis   Biochemical/enzyme   DNA

Chorionic villus sampling (CVS) diagnosis   Biochemical/enzyme   DNA

Issues concerning mother's pregnancy with this patient

- Unknown                      None                      Pregnancy complications  
Assisted reproduction

Pregnancy complications/risk factors

- Unknown  
Acute fatty liver of pregnancy (AFLP)  
Advanced maternal age (35+ years of age)  
Ectopic pregnancy  
Gestational diabetes  
Group B strep  
Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
Intrauterine growth restriction (AUGR)  
Inadequate prenatal care  
Maternal prenatal substance exposure  
Mother affected with this condition  
Preeclampsia  
Rh isoimmunization  
Toxemia  
Young maternal age (15 years of age + under)  
Preterm labor  
Other

Type of prenatal substance exposure

- Unknown                      Alcohol                      Tobacco                      Illicit drugs  
Harmful chemicals   Known teratogens

Maternal treatment for affected fetus   Unknown   None   Yes   No

Patient Name \_\_\_\_\_

Date      

Type of maternal treatment for affected fetus

--

Pregnancy complication/risk factor-other, specify \_\_\_\_\_

Type(s) of assisted reproductive technology used by the patient's mother

- |  |  |
|--|--|
| <input type="checkbox"/> In vitro fertilization (IVF)    | <input type="checkbox"/> Preimplantation genetic diagnosis (PGD) |
| <input type="checkbox"/> Intrauterine insemination (IUI) | <input type="checkbox"/> Surrogate                               |
| <input type="checkbox"/> Donor sperm                     | <input type="checkbox"/> Donor egg                               |
| <input type="checkbox"/> Donor embryo                    | <input type="checkbox"/> Other                                   |

Type(s) of assisted reproductive technology-other, specify \_\_\_\_\_

## Pregnancy

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Patient has biological children  Unknown  Yes  No

Please complete the pregnancy form.

Patient is pregnant  Unknown  Yes  No

Please complete the pregnancy form.

## Neonatal History

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Patient's birth was a result of multiple gestation pregnancy

- Unknown     
  No-single birth     
  Yes-twins (identical)   
  Yes-twins (fraternal)
- Yes-triplets     
  Yes-Other, specify

Specify other number of multiples \_\_\_\_\_

Congenital anomalies  Unknown  Yes  No

Type of congenital anomalies

- |   |  |
|---|--|
| <input type="checkbox"/> Aortic valve stenosis                        | <input type="checkbox"/> Atrial septal defect (A.S.D.) |
| <input type="checkbox"/> Atrioventricular septal defect               | <input type="checkbox"/> Biliary atresia               |
| <input type="checkbox"/> Bladder exstrophy                            | <input type="checkbox"/> Blind                         |
| <input type="checkbox"/> Bronchopulmonary dysplasia                   | <input type="checkbox"/> Choanal atresia               |
| <input type="checkbox"/> Cleft lip and/or palate                      | <input type="checkbox"/> Club foot                     |
| <input type="checkbox"/> Coarctation of aorta                         | <input type="checkbox"/> Common truncus                |
| <input type="checkbox"/> Congenital adrenal hyperplasia               | <input type="checkbox"/> Congenital cataract           |
| <input type="checkbox"/> Congenital heart disease                     | <input type="checkbox"/> Congenital hip dislocation    |
| <input type="checkbox"/> Congenital hypothyroidism                    | <input type="checkbox"/> Diaphragmatic hernia          |
| <input type="checkbox"/> Down syndrome                                | <input type="checkbox"/> Ebstein's anomaly             |
| <input type="checkbox"/> Endocardial cushion defect                   | <input type="checkbox"/> Epilepsy                      |
| <input type="checkbox"/> Esophageal atresia/Tracheoesophageal fistula | <input type="checkbox"/> Fetal alcohol syndrome        |

Patient Name _____
Date <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>

- |   |   |
|---|---|
| <input type="checkbox"/> Gastroschisis                                | <input type="checkbox"/> Hearing loss                         |
| <input type="checkbox"/> Hemoglobinopathies                           | <input type="checkbox"/> Hemophilia                           |
| <input type="checkbox"/> Hirschsprung's disease                       | <input type="checkbox"/> Hydrocephalus                        |
| <input type="checkbox"/> Hypoplastic left heart syndrome              | <input type="checkbox"/> Hypospadias and epispadias           |
| <input type="checkbox"/> Immune deficiency                            | <input type="checkbox"/> Microcephaly                         |
| <input type="checkbox"/> Missing or reduction of limb                 | <input type="checkbox"/> Obstructive genitourinary defect     |
| <input type="checkbox"/> Omphalocele                                  | <input type="checkbox"/> Patent ductus arteriosus (P.D.A.)    |
| <input type="checkbox"/> Pulmonary valve atresia and stenosis         | <input type="checkbox"/> Pyloric stenosis                     |
| <input type="checkbox"/> Rectal and large intestinal atresia/stenosis | <input type="checkbox"/> Renal agenesis/hypoplasia            |
| <input type="checkbox"/> Retinopathy of prematurity                   | <input type="checkbox"/> Severe combined immunodeficiency     |
| <input type="checkbox"/> Spina bifida                                 | <input type="checkbox"/> Tetralogy of fallot                  |
| <input type="checkbox"/> Transposition of the great arteries          | <input type="checkbox"/> Tricuspid valve atresia and stenosis |
| <input type="checkbox"/> Trisomy 13 (Patau syndrome)                  | <input type="checkbox"/> Trisomy 18                           |
| <input type="checkbox"/> Truncus arteriosus                           | <input type="checkbox"/> Ventricular septal defect (V.S.D.)   |
| <input type="checkbox"/> Other  |   |

Type of congenital anomalies-other, specify \_\_\_\_\_

Neonatal complications    Unknown    Yes    No

Type of neonatal complications

- |  |   |
|--|---|
| <input type="checkbox"/> Antibiotics                       | <input type="checkbox"/> APGAR < 5            |
| <input type="checkbox"/> Apnea/Bradycardia spells          | <input type="checkbox"/> Hypoglycemia         |
| <input type="checkbox"/> Intubation/mechanical ventilation | <input type="checkbox"/> Infection/sepsis     |
| <input type="checkbox"/> IV fluids                         | <input type="checkbox"/> Jaundice             |
| <input type="checkbox"/> Premature (< 37 weeks gestation)  | <input type="checkbox"/> Respiratory distress |
| <input type="checkbox"/> Transfused                        | <input type="checkbox"/> Seizures             |
| <input type="checkbox"/> Other                             |   |

Type of neonatal complications-other, specify \_\_\_\_\_

Type of neonatal nutrition

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> TPN        | <input type="checkbox"/> Breast milk     | <input type="checkbox"/> Elemental formula   |
| <input type="checkbox"/> Human milk fortifier | <input type="checkbox"/> Intralipid | <input type="checkbox"/> Regular formula | <input type="checkbox"/> Non-Lactose formula |
| <input type="checkbox"/> Metabolic formula    | <input type="checkbox"/> Other      |  |  |

Type of neonatal nutrition-other, specify \_\_\_\_\_

**Birth Measurements**

Birth measurements    Unknown    Head circumference    Length    Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units    cm    in

Patient Name \_\_\_\_\_

Date

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

**Health History**

---

Patient has had an outpatient speciality visit  Unknown  Yes  No

Date of last outpatient specialty visit

Days of age from birth until intervention for this condition \_\_\_\_\_

Days of age from birth until first seen by subspecialist \_\_\_\_\_

**Dialysis**

---

Dialysis (any type) prior to intake  Unknown  Yes  No

Please complete the dialysis form.

**Transplants**

---

Transplant prior to intake

- Unknown
- Yes-transplant received
- No-patient was evaluated for transplant but did not receive
- No

Please complete the transplant form.

Hospitalizations prior to intake  Unknown  Yes  No

Number of hospitalizations prior to intake related to this condition \_\_\_\_\_

Number of hospitalizations prior to intake not related to this condition \_\_\_\_\_

Genetic counseling provided  Unknown  Yes  No

Provider of genetic counseling

- Unknown  Dietitian  Genetic counselor  Neuropsychologist
- Nurse  Nurse practitioner  Physician  Physician assistant
- Other

Provider of genetic counseling, other- specify \_\_\_\_\_

Comorbidities at time of intake

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

**Prior testing**

---

Echocardiogram prior to intake   Unknown   Yes   No

Echocardiogram date

Echocardiogram results   Unknown   Normal   Abnormal

Echocardiogram comments

Electrocardiogram prior to intake   Unknown   Yes   No

Electrocardiogram date

Electrocardiogram results   Unknown   Normal   Abnormal

Electrocardiogram comments

Neurological imaging prior to intake   Unknown   Yes   No

Neurological imaging date

Neurological imaging results   Unknown   Normal   Abnormal

Neurological imaging comments

History of a seizure disorder   Unknown   Yes   No

Patient has biospecimen stored   Unknown   Yes   No

Type of patient biospecimen   Blood   Urine   Other tissue

Type of patient biospecimen-other tissue, specify \_\_\_\_\_

Specify biospecimen location \_\_\_\_\_

**Eye Exam**

---

Eye exam performed prior to intake   Unknown   Yes   No

Eye exam findings

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                            | <input type="checkbox"/> Within normal limits              |
| <input type="checkbox"/> Evidence of nystagmus              | <input type="checkbox"/> Evidence of optic nerve atrophy   |
| <input type="checkbox"/> Evidence of pigmentary retinopathy | <input type="checkbox"/> Evidence of reduced visual acuity |
| <input type="checkbox"/> Evidence of strabismus             | <input type="checkbox"/> Other                             |



Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Intake Newborn Screening***

### **Newborn Screening**

Newborn screening performed  Unknown  Yes  NoNumber of newborn screen results available  Unknown  0  1  2  3Date first newborn screen collected      First newborn screen take in neonatal intensive care (NICU)  Unknown  Yes  No

Days of age from birth primary or subspecialist first notified about abnormal NBS screen \_\_\_\_\_

Reason for first newborn screen  Routine  Research

Methionine on first newborn screen \_\_\_\_\_

Methionine on first newborn screen units  umol/L

Methionine/Phenylalanine on first newborn screen \_\_\_\_\_

Carnitine free (C0) on first newborn screen \_\_\_\_\_

Carnitine free (C0) on first newborn screen units  umol/L

Phenylalanine on first newborn screen \_\_\_\_\_

Phenylalanine on first newborn screen units  umol/L

Acetylcarnitine (C2) on first newborn screen \_\_\_\_\_

Acetylcarnitine (C2) on first newborn screen units  umol/L

Propionylcarnitine (C3) on first newborn screen \_\_\_\_\_

Propionylcarnitine (C3) on first newborn screen units  umol/L

Propionylcarnitine (C3)/Methionine on first newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Carnitine.free (C0) on first newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Acetylcarnitine (C2) on first newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Palmitoylcarnitine (C16) on first newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on first newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on first newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC) on first newborn screen \_\_\_\_\_

Methylmalonylcarnitine (C4-DC) on first newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC)/3-Hydroxyisovalerylcarnitine (C5-OH) on first newborn screen \_\_\_\_\_

Palmitoylcarnitine (C16) on first newborn screen \_\_\_\_\_

Palmitoylcarnitine (C16) on first newborn screen units  umol/L

2nd tier screen for homocysteine (HCY) on first newborn screen \_\_\_\_\_

2nd tier screen units for homocysteine (HCY) on first newborn screen units  umol/L

Patient Name \_\_\_\_\_

Date

2nd tier screen for methylmalonic acid (MMA) on first newborn screen \_\_\_\_\_

2nd tier screen units for methylmalonic acid (MMA) on first newborn screen units  umol/L

Other result/report on first newborn screen

Other result/report on first newborn screen units \_\_\_\_\_

Date second newborn screen collected

Reason for second newborn screen

- Unsatisfactory                       Borderline Result                       NICU Protocol
- TPN     Transfused     State Mandate
- NBS collected < 24 hours of age    Other

Reason for second newborn screen-other, specify \_\_\_\_\_

Methionine on second newborn screen \_\_\_\_\_

Methionine on second newborn screen units  umol/L

Methionine/Phenylalanine on second newborn screen \_\_\_\_\_

Carnitine free (C0) on second newborn screen \_\_\_\_\_

Carnitine free (C0) on second newborn screen units  umol/L

Phenylalanine on second newborn screen \_\_\_\_\_

Phenylalanine on second newborn screen units  umol/L

Acetylcarnitine (C2) on second newborn screen \_\_\_\_\_

Acetylcarnitine (C2) on second newborn screen units  umol/L

Propionylcarnitine (C3) on second newborn screen \_\_\_\_\_

Propionylcarnitine (C3) on second newborn screen units  umol/L

Propionylcarnitine (C3)/Methionine on second newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Carnitine.free (C0) on second newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Acetylcarnitine (C2) on second newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Palmitoylcarnitine (C16) on second newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on second newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on second newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC) on second newborn screen \_\_\_\_\_

Methylmalonylcarnitine (C4-DC) on second newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC)/3-Hydroxyisovalerylcarnitine (C5-OH) on second newborn screen

\_\_\_\_\_

Palmitoylcarnitine (C16) on second newborn screen \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      Palmitoylcarnitine (C16) on second newborn screen units  umol/L

2nd tier screen for homocysteine (HCY) on second newborn screen \_\_\_\_\_

2nd tier screen units for homocysteine (HCY) on second newborn screen units  umol/L

2nd tier screen for methylmalonic acid (MMA) on second newborn screen \_\_\_\_\_

2nd tier screen units for methylmalonic acid (MMA) on second newborn screen units  umol/L

Other result/report on second newborn screen

--

Other result/report on second newborn screen units \_\_\_\_\_

Date third newborn screen collected      

Reason for third newborn screen

 Unsatisfactory   
 Borderline Result   
 NICU Protocol   
 TPN   
 Transfused

 State Mandate   
 Other

Reason for third newborn screen-other, specify \_\_\_\_\_

Methionine on third newborn screen \_\_\_\_\_

Methionine on third newborn screen units  umol/L

Methionine/Phenylalanine on third newborn screen \_\_\_\_\_

Carnitine free (C0) on third newborn screen \_\_\_\_\_

Carnitine free (C0) on third newborn screen units  umol/L

Phenylalanine on third newborn screen \_\_\_\_\_

Phenylalanine on third newborn screen units  umol/L

Acetylcarnitine (C2) on third newborn screen \_\_\_\_\_

Acetylcarnitine (C2) on third newborn screen units  umol/L

Propionylcarnitine (C3) on third newborn screen \_\_\_\_\_

Propionylcarnitine (C3) on third newborn screen units  umol/L

Propionylcarnitine (C3)/Methionine on third newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Carnitine.free (C0) on third newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Acetylcarnitine (C2) on third newborn screen \_\_\_\_\_

Propionylcarnitine (C3)/Palmitoylcarnitine (C16) on third newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on third newborn screen \_\_\_\_\_

3-Hydroxyisovalerylcarnitine (C5-OH) on third newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC) on third newborn screen \_\_\_\_\_

Methylmalonylcarnitine (C4-DC) on third newborn screen units  umol/L

Methylmalonylcarnitine (C4-DC)/3-Hydroxyisovalerylcarnitine (C5-OH) on third newborn screen

Patient Name \_\_\_\_\_

Date      

Palmitoylcarnitine (C16) on third newborn screen \_\_\_\_\_

Palmitoylcarnitine (C16) on third newborn screen units  umol/L

2nd tier screen for homocysteine (HCY) on third newborn screen \_\_\_\_\_

2nd tier screen units for homocysteine (HCY) on third newborn screen units  umol/L

2nd tier screen for methylmalonic acid (MMA) on third newborn screen \_\_\_\_\_

2nd tier screen units for methylmalonic acid (MMA) on third newborn screen units  umol/L

Other result/report on third newborn screen

--

Other result/report on third newborn screen units \_\_\_\_\_

## Newborn Hearing Screen

Newborn hearing screen performed  Unknown  Yes  NoR Ear: Equipment Type  Unknown  DPOAE  TEOAE  ABR  AABR  ALGO  OtherRight ear: Screening test results  Pass  Refer  Not TestedL Ear: Equipment Type  Unknown  DPOAE  TEOAE  ABR  AABR  ALGO  OtherLeft ear: Screening test results  Pass  Refer  Not Tested

### Recommendation

 Repeat hearing screen  Referral for diagnostic testing  Risk factor monitoring only Refused further action  No further action requiredDate of Audiological Diagnostic Evaluation      Right ear: Diagnosis: Hearing loss?  Yes  No

Right ear: Diagnosis: Degree of hearing loss

 Mild (21-40db)  Moderate (41-70db)  Severe (71-90db)  Profound (91db +)

Right ear: Diagnosis: Type of hearing loss

 Sensorineural Conductive Mixed Auditory neuropathy/Auditory dys-synchrony OtherLeft ear: Diagnosis: Hearing loss?  Yes  No

Left ear: Diagnosis: Degree of hearing loss

 Mild (21-40db)  Moderate (41-70db)  Severe (71-90db)  Profound (91db +)

Left ear: Diagnosis: Type of hearing loss

 Sensorineural Conductive Mixed Auditory neuropathy/Auditory dys-synchrony

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Other

**Comments**

---

Intake newborn screening comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Intake Initial Testing***

---

Patient status at time of NBS reporting to specialty center

Unknown
                 
  Well
                 
  Symptomatic
                 
  Deceased

Patient symptoms at time of initial contact

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown                              | <input type="checkbox"/> None                           |
| <input type="checkbox"/> Alopecia                             | <input type="checkbox"/> Apnea                          |
| <input type="checkbox"/> Arrhythmia                           | <input type="checkbox"/> Ataxia                         |
| <input type="checkbox"/> Athetosis                            | <input type="checkbox"/> Autistic-like features         |
| <input type="checkbox"/> Body odor                            | <input type="checkbox"/> Brain abnormalities            |
| <input type="checkbox"/> Brain malformations                  | <input type="checkbox"/> Candidiasis                    |
| <input type="checkbox"/> Cardiomyopathy                       | <input type="checkbox"/> Cataract(s)                    |
| <input type="checkbox"/> Cerebral edema                       | <input type="checkbox"/> Chorea                         |
| <input type="checkbox"/> Cirrhosis                            | <input type="checkbox"/> Clonus                         |
| <input type="checkbox"/> Cognitive impairment                 | <input type="checkbox"/> Coma                           |
| <input type="checkbox"/> Confusion                            | <input type="checkbox"/> Conjunctivitis                 |
| <input type="checkbox"/> Contracture(s)-musculoskeletal       | <input type="checkbox"/> Corneal erosion                |
| <input type="checkbox"/> Dehydration                          | <input type="checkbox"/> Dermatitis                     |
| <input type="checkbox"/> Developmental delay(s)               | <input type="checkbox"/> Disorientation                 |
| <input type="checkbox"/> Drooling/hypersalivation             | <input type="checkbox"/> Dysarthria                     |
| <input type="checkbox"/> Dysmetria                            | <input type="checkbox"/> Dysmorphism                    |
| <input type="checkbox"/> Dysphagia                            | <input type="checkbox"/> Dystonia                       |
| <input type="checkbox"/> Eczema                               | <input type="checkbox"/> Edema                          |
| <input type="checkbox"/> Failure to thrive                    | <input type="checkbox"/> Fatigue                        |
| <input type="checkbox"/> Flapping tremor                      | <input type="checkbox"/> Fluctuating level of alertness |
| <input type="checkbox"/> Gait abnormality (other than ataxia) | <input type="checkbox"/> Genital abnormalities          |
| <input type="checkbox"/> Headache                             | <input type="checkbox"/> Hearing loss                   |
| <input type="checkbox"/> Hepatic encephalopathy               | <input type="checkbox"/> Hepatomegaly                   |
| <input type="checkbox"/> Hyperreflexia                        | <input type="checkbox"/> Hypertension                   |
| <input type="checkbox"/> Hypertonia                           | <input type="checkbox"/> Hyporeflexia                   |
| <input type="checkbox"/> Hypothermia                          | <input type="checkbox"/> Hypotonia                      |
| <input type="checkbox"/> Increased intracranial pressure      | <input type="checkbox"/> Infection/sepsis               |
| <input type="checkbox"/> Irritability                         | <input type="checkbox"/> Jaundice                       |
| <input type="checkbox"/> Keratosis                            | <input type="checkbox"/> Learning disability            |
| <input type="checkbox"/> Lethargy                             | <input type="checkbox"/> Liver failure-acute            |

Patient Name \_\_\_\_\_

Date      

- |  |   |
|--|---|
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Loss of developmental milestone(s) |
| <input type="checkbox"/> Macrocephaly          | <input type="checkbox"/> Malignant hyperthermia             |
| <input type="checkbox"/> Microcephaly          | <input type="checkbox"/> Multiorgan failure                 |
| <input type="checkbox"/> Myopathy              | <input type="checkbox"/> Nystagmus                          |
| <input type="checkbox"/> Opisthotonos          | <input type="checkbox"/> Optic nerve atrophy                |
| <input type="checkbox"/> Pancreatitis          | <input type="checkbox"/> Peripheral neuropathy              |
| <input type="checkbox"/> Photophobia           | <input type="checkbox"/> Polycystic kidney(s)               |
| <input type="checkbox"/> Poor feeding          | <input type="checkbox"/> Poor growth                        |
| <input type="checkbox"/> Profuse sweating      | <input type="checkbox"/> Renal dysplasia                    |
| <input type="checkbox"/> Renal failure-acute   | <input type="checkbox"/> Retinal hemorrhage                 |
| <input type="checkbox"/> Rickets               | <input type="checkbox"/> Rigidity                           |
| <input type="checkbox"/> Scotomas              | <input type="checkbox"/> Seizure                            |
| <input type="checkbox"/> Slurred speech        | <input type="checkbox"/> Spasticity                         |
| <input type="checkbox"/> Splenomegaly          | <input type="checkbox"/> Stereotyped movements              |
| <input type="checkbox"/> Stomatitis            | <input type="checkbox"/> Stridor                            |
| <input type="checkbox"/> Stroke                | <input type="checkbox"/> Subdural hemorrhage                |
| <input type="checkbox"/> Sudden death          | <input type="checkbox"/> Syncope                            |
| <input type="checkbox"/> Tachycardia           | <input type="checkbox"/> Tachypnea                          |
| <input type="checkbox"/> Tremors               | <input type="checkbox"/> Trichorrhesis nodosa               |
| <input type="checkbox"/> Vision loss           | <input type="checkbox"/> Vomiting                           |
| <input type="checkbox"/> Other                 |   |

Patient symptoms at time of initial contact-other, specify \_\_\_\_\_

Patient lab abnormalities reported or recorded at time patient or caregiver first contacts disease specialist

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unknown                   | <input type="checkbox"/> No abnormal labs              | <input type="checkbox"/> No labs done                     |
| <input type="checkbox"/> Aminoaciduria             | <input type="checkbox"/> Anemia                        | <input type="checkbox"/> Bone marrow suppression          |
| <input type="checkbox"/> Coagulopathy              | <input type="checkbox"/> Elevated amylase              | <input type="checkbox"/> Elevated CK                      |
| <input type="checkbox"/> Elevated lipase           | <input type="checkbox"/> Elevated liver function tests | <input type="checkbox"/> Hematuria                        |
| <input type="checkbox"/> Hemolytic anemia          | <input type="checkbox"/> Hyperammonemia                | <input type="checkbox"/> Hyperglycemia                    |
| <input type="checkbox"/> Hyperglycinemia           | <input type="checkbox"/> Hyperinsulinism               | <input type="checkbox"/> Hypertriglyceridemia             |
| <input type="checkbox"/> Hyperuricemia             | <input type="checkbox"/> Hypoglycemia                  | <input type="checkbox"/> Hypokalemia                      |
| <input type="checkbox"/> Hypoproteinemia           | <input type="checkbox"/> Immunological abnormalities   | <input type="checkbox"/> Ketonuria                        |
| <input type="checkbox"/> Ketosis                   | <input type="checkbox"/> Lactic acidosis               | <input type="checkbox"/> Low/absent ketones               |
| <input type="checkbox"/> Metabolic acidosis        | <input type="checkbox"/> Myoglobinuria                 | <input type="checkbox"/> Plasma total carnitine elevation |
| <input type="checkbox"/> Plasma free carnitine low | <input type="checkbox"/> Plasma total carnitine low    | <input type="checkbox"/> Proteinuria                      |
| <input type="checkbox"/> Renal tubular acidosis    | <input type="checkbox"/> Respiratory alkalosis         | <input type="checkbox"/> Other                            |

Patient Name \_\_\_\_\_

Date      

Patient lab abnormalities reported or recorded at time patient or caregiver first contacts disease specialist-other, specify \_\_\_\_\_

## Diagnostic Testing

---

### Diagnostic labs performed

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown                                | <input type="checkbox"/> None                                   |
| <input type="checkbox"/> Adenosylcobalamin synthesis            | <input type="checkbox"/> Complementation analysis (fibroblasts) |
| <input type="checkbox"/> Fibroblast C14-propionate tracer assay | <input type="checkbox"/> Fibroblast cobalamin distribution      |
| <input type="checkbox"/> Methylcobalamin synthesis              | <input type="checkbox"/> Plasma acylcarnitine profile           |
| <input type="checkbox"/> Plasma amino acid profile              | <input type="checkbox"/> Plasma carnitine                       |
| <input type="checkbox"/> Plasma total homocysteine              | <input type="checkbox"/> RBC folate                             |
| <input type="checkbox"/> Serum holo-transcobalamin II           | <input type="checkbox"/> Serum methylmalonic acid               |
| <input type="checkbox"/> Serum vitamin B12                      | <input type="checkbox"/> Urine organic acids                    |
| <input type="checkbox"/> Other                                  |   |

Adenosylcobalamin synthesis     Unknown     Low     Adequate

Complementation analysis (fibroblasts)

- Unknown     Normal     Abnormal-cblC     Abnormal-cblD     Abnormal-cblF  
 Non-diagnostic

Fibroblast C14-propionate tracer assay

- Unknown  
 Normal  
 Mut0  
 Mut-  
 Normal [(14)C]-propionate incorporation  
 Low [(14)C]-propionate incorporation  
 Normal [(14)C]-methyltetrahydrofolate incorporation  
 Low [(14)C]-methyltetrahydrofolate incorporation  
 Non-diagnostic

Fibroblast cobalamin distribution

- Unknown                       OH-cobalamin responsive                       OH-cobalamin non-responsive

Methylcobalamin synthesis     Unknown     Low     Adequate

Plasma acylcarnitine profile     Unknown     Within normal limits     Abnormal

Plasma acylcarnitine profile significance     Diagnostic     Non-diagnostic

Patient Name \_\_\_\_\_

Date

Plasma acylcarnitine profile comments

Plasma amino acid profile    Unknown    Within normal limits    Abnormal

Plasma amino acid profile significance    Diagnostic    Non-diagnostic

Plasma amino acid comments

Plasma carnitine levels

Unknown                                       Free carnitine                                       Total carnitine

Esterified carnitine                                       Esterified:Free carnitine ratio

Free plasma carnitine    Unknown    Within normal limits    Abnormal

Free plasma carnitine significance    Diagnostic    Non-diagnostic

Free plasma carnitine value\_\_\_\_\_

Free plasma carnitine units    umol/L    mg/dL

Free plasma carnitine reference range\_\_\_\_\_

Total plasma carnitine    Unknown    Within normal limits    Abnormal

Total plasma carnitine significance    Diagnostic    Non-diagnostic

Total plasma carnitine value\_\_\_\_\_

Total plasma carnitine units    umol/L    mg/dL

Total plasma carnitine reference range\_\_\_\_\_

Esterified plasma carnitine    Unknown    Within normal limits    Abnormal

Esterified plasma carnitine significance    Diagnostic    Non-diagnostic

Esterified plasma carnitine value\_\_\_\_\_

Esterified plasma carnitine units    umol/L    mg/dL

Esterified plasma carnitine reference range\_\_\_\_\_

Esterified:Free plasma carnitine ratio    Unknown    Within normal limits    Abnormal

Esterified:Free plasma carnitine ratio significance    Diagnostic    Non-diagnostic

Esterified:Free plasma carnitine ratio value\_\_\_\_\_

Esterified:Free plasma carnitine ratio reference range\_\_\_\_\_

Plasma total homocysteine level    Unknown    Within normal limits    Abnormal

Plasma total homocysteine level significance    Diagnostic    Non-diagnostic

Plasma total homocysteine level value\_\_\_\_\_

Patient Name \_\_\_\_\_

Date

Plasma total homocysteine level units umol/L mg/L

Plasma total homocysteine level reference range\_\_\_\_\_

RBC folate activity Unknown Within normal limits Abnormal

RBC folate activity significance Diagnostic Non-diagnostic

RBC folate activity value\_\_\_\_\_

RBC folate activity units nmol/L ng/mL

RBC folate activity reference range\_\_\_\_\_

Serum holo-transcobalamin II level Unknown Within normal limits Abnormal

Serum holo-transcobalamin II level significance Diagnostic Non-diagnostic

Serum holo-transcobalamin II level value\_\_\_\_\_

Serum holo-transcobalamin II level units nmol/L ng/mL

Serum holo-transcobalamin II level reference range\_\_\_\_\_

Serum methylmalonic acid level Unknown Within normal limits Abnormal

Serum methylmalonic acid level significance Diagnostic Non-diagnostic

Serum methylmalonic acid level value\_\_\_\_\_

Serum methylmalonic acid level units umol/L nmol/L mg/dL

Serum methylmalonic acid level reference range\_\_\_\_\_

Serum vitamin B12 level Unknown Within normal limits Abnormal

Serum vitamin B12 level significance Diagnostic Non-diagnostic

Serum vitamin B12 level value\_\_\_\_\_

Serum vitamin B12 level units pmol/L pg/mL ng/mL

Serum vitamin B12 level reference range\_\_\_\_\_

Urine organic acids Unknown Within normal limits Abnormal

Urine organic acids significance Diagnostic Non-diagnostic

Urine organic acid comments

Diagnostic lab-other, specify\_\_\_\_\_

Other diagnostic lab Unknown Within normal limits Abnormal

Other diagnostic lab significance Diagnostic Non-diagnostic

Other diagnostic lab comments

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Other diagnostic lab value \_\_\_\_\_

Other diagnostic lab units \_\_\_\_\_

Other diagnostic lab reference range \_\_\_\_\_

### Genetic Testing

---

#### Type of genetic/genomic testing

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Unknown                | <input type="checkbox"/> Not done            | <input type="checkbox"/> Done, not available          |
| <input type="checkbox"/> Single gene            | <input type="checkbox"/> Mutation panel      | <input type="checkbox"/> Exome sequencing             |
| <input type="checkbox"/> Full genome sequencing | <input type="checkbox"/> Copy number variant | <input type="checkbox"/> Deletion/duplication testing |
| <input type="checkbox"/> Other                  |  |   |

#### Reason genotyping was done

- |                                  |   |   |   |
|----------------------------------|---|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diagnosis confirmation | <input type="checkbox"/> Modifier genes | <input type="checkbox"/> Pharmacogenetics |
| <input type="checkbox"/> Other   |   |   |   |

Reason genotyping was done-other, specify \_\_\_\_\_

#### Reason genotyping was not done

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unknown        | <input type="checkbox"/> Clinician deemed unnecessary | <input type="checkbox"/> Not covered by insurance |
| <input type="checkbox"/> Parent refusal | <input type="checkbox"/> Test not available           | <input type="checkbox"/> Other                    |

Reason genotyping was not done-other, specify \_\_\_\_\_

Type of genetic/genomic testing-other, specify \_\_\_\_\_

Gene(s) associated with Cbl C,D  MMACHC  LMBRD1  TCN2  MMADHC  Other

Gene(s) associated with Cbl C,D-other, specify \_\_\_\_\_

MMACHC: Specify allele 1 \_\_\_\_\_

MMACHC: Specify allele 2 \_\_\_\_\_

LMBRD1: Specify allele 1 \_\_\_\_\_

LMBRD1: Specify allele 2 \_\_\_\_\_

TCN2: Specify allele 1 \_\_\_\_\_

TCN2: Specify allele 2 \_\_\_\_\_

MMADHC: Specify allele 1 \_\_\_\_\_

MMADHC: Specify allele 2 \_\_\_\_\_

Other: Specify allele 1 \_\_\_\_\_

Other: Specify allele 2 \_\_\_\_\_

Maternal genetic testing done  Unknown  Yes  No  Genotyping in progress

Mother: Allele 1 \_\_\_\_\_

Mother: Allele 2 \_\_\_\_\_

Paternal genetic testing done  Unknown  Yes  No  Genotyping in progress

Father: Allele 1 \_\_\_\_\_

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Father: Allele 2 \_\_\_\_\_

Biological mother's laboratory studies

- Unknown  None
- Serum methylmalonic acid (MMA)  Serum vitamin B 12
- Total plasma homocysteine  Urine methylmalonic acid (MMA)
- Urine organic acids

Biological mother's serum methylmalonic acid (MMA)

- Unknown  Within normal limits  Abnormal

Biological mother's serum methylmalonic acid (MMA) significance  Diagnostic  Non-diagnostic

Biological mother's serum vitamin B12  Unknown  Within normal limits  Abnormal

Biological mother's serum vitamin B12 significance  Diagnostic  Non-diagnostic

Biological mother's total plasma homocysteine  Unknown  Within normal limits  Abnormal

Biological mother's total plasma homocysteine significance  Diagnostic  Non-diagnostic

Biological mother's urine methylmalonic acid (MMA)

- Unknown  Within normal limits  Abnormal

Biological mother's urine methylmalonic acid (MMA) significance  Diagnostic  Non-diagnostic

Biological mother's urine organic acids  Unknown  Within normal limits  Abnormal

Biological mother's urine organic acids significance  Diagnostic  Non-diagnostic

**Comments**

---

Initial testing comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Visit Demographics And History***

---

Visit Date      Date of last outpatient speciality visit      

### **Consent**

---

Patient consent valid  Unknown  Yes  No

Obtain new consent prior to completing data entry.

### **Care and Other Studies**

---

Providers seen at this visit

- Unknown       Child and family life     Dietitian                       Genetic counselor  
 Neuropsychologist     Nurse                       Nurse practitioner       Pharmacist  
 Physician               Physician assistant     Psychologist               Social Worker  
 Other

Providers seen at this visit, other- specify \_\_\_\_\_

Location of visit  In office  Not in person-by telephone  Telemedicine  Other

Location of visit-other, specify \_\_\_\_\_

Patient has moved to a new residence since the last visit  Unknown  Yes  No

Miles from home to primary care \_\_\_\_\_

Miles from home to specialty care \_\_\_\_\_

Name of primary care center \_\_\_\_\_

Patient has enrolled in a research study since the last visit  Unknown  Yes  NoOther research studies are clinical trials  Unknown  Yes  No

Identify the research study \_\_\_\_\_

Clinicaltrials.gov identifier \_\_\_\_\_

### **Education**

---

Education status has changed since the last visit  Unknown  Yes  No

Complete education questions on the Demographics form.

### **Medical Coverage**

---

Medical coverage at visit

- Unknown  
 None  
 Commercial/private  
 Medicaid

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

Medical coverage at visit-Patient assistance program, specify \_\_\_\_\_

Medical coverage at visit-Other, specify \_\_\_\_\_

**Family History**

---

Patient has new biological sibling since last visit     Unknown     Yes     No

Complete sibling history questions on the Family History form.

**Comments**

---

Visit demographics and history comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Visit Health History***

### **Health Status**

#### Immunization status

- Unknown  Not up to date  
 Up to date via report  Up to date via clinical confirmation  
 Immunizations declined

Reason immunization status not up to date

#### Current comorbidities

Patient has had seizures since last visit  Unknown  Yes  No

Documented hypoglycemia (blood glucose &lt; 60 mg/dL) since the last outpatient metabolic visit

 Unknown  Yes  No

Lowest blood glucose value reported since last outpatient metabolic visit \_\_\_\_\_

Lowest blood glucose value reported since last outpatient metabolic visit units  mmol/L  mg/dL

Lowest blood glucose range reported since last outpatient metabolic visit \_\_\_\_\_

### **Sick Visits**

Sick visits since last outpatient visit  Unknown  Yes  No

Number of sick visits \_\_\_\_\_

Date of sick visit 1      Reason for sick visit 1  Unknown  Condition related  Condition unrelatedSick visit 1 was a condition exacerbation  Unknown  Yes  No

Location for sick visit 1

- Unknown  Emergency department  Retail clinic  
 Primary care  Specialty center  Urgent care  
 Direct hospital admission  Other

Patient was admitted to the hospital as a result of sick visit 1  Unknown  Yes  No

Name of hospital for sick visit 1 \_\_\_\_\_

ICD-9 codes for sick visit 1 known  Yes  No

Patient Name \_\_\_\_\_

Date

ICD-9 codes for sick visit 1 \_\_\_\_\_

Diagnosis for sick visit 1 \_\_\_\_\_

Number of inpatient days for sick visit 1 \_\_\_\_\_

Number of ICU days for sick visit 1 \_\_\_\_\_

Date of sick visit 2

Reason for sick visit 2  Unknown  Condition related  Condition unrelated

Sick visit 2 was a condition exacerbation  Unknown  Yes  No

Location for sick visit 2

Unknown  Emergency department  Retail clinic

Primary care  Specialty center  Urgent care

Direct hospital admission  Other

Patient was admitted to the hospital as a result of sick visit 2  Unknown  Yes  No

Name of hospital for sick visit 2 \_\_\_\_\_

ICD-9 codes for sick visit 2 known  Yes  No

ICD-9 codes for sick visit 2 \_\_\_\_\_

Diagnosis for sick visit 2 \_\_\_\_\_

Number of inpatient days for sick visit 2 \_\_\_\_\_

Number of ICU days for sick visit 2 \_\_\_\_\_

Date of sick visit 3

Reason for sick visit 3  Unknown  Condition related  Condition unrelated

Sick visit 3 was a condition exacerbation  Unknown  Yes  No

Location for sick visit 3

Unknown  Emergency department  Retail clinic

Primary care  Specialty center  Urgent care

Direct hospital admission  Other

Patient was admitted to the hospital as a result of sick visit 3  Unknown  Yes  No

Name of hospital for sick visit 3 \_\_\_\_\_

ICD-9 codes for sick visit 3 known  Yes  No

ICD-9 codes for sick visit 3 \_\_\_\_\_

Diagnosis for sick visit 3 \_\_\_\_\_

Number of inpatient days for sick visit 3 \_\_\_\_\_

Number of ICU days for sick visit 3 \_\_\_\_\_

Date of sick visit 4

Reason for sick visit 4  Unknown  Condition related  Condition unrelated

Sick visit 4 was a condition exacerbation  Unknown  Yes  No

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/>   <input type="text" value="D"/> <input type="text" value="D"/>   <input type="text" value="Y"/> <input type="text" value="Y"/>

Location for sick visit 4

- Unknown                       Emergency department       Retail clinic
- Primary care                       Specialty center               Urgent care
- Direct hospital admission    Other

Patient was admitted to the hospital as a result of sick visit 4    Unknown    Yes    No

Name of hospital for sick visit 4 \_\_\_\_\_

ICD-9 codes for sick visit 4 known    Yes    No

ICD-9 codes for sick visit 4 \_\_\_\_\_

Diagnosis for sick visit 4 \_\_\_\_\_

Number of inpatient days for sick visit 4 \_\_\_\_\_

Number of ICU days for sick visit 4 \_\_\_\_\_

Date of sick visit 5   |   |

Reason for sick visit 5    Unknown    Condition related    Condition unrelated

Sick visit 5 was a condition exacerbation    Unknown    Yes    No

Location for sick visit 5

- Unknown                       Emergency department       Retail clinic
- Primary care                       Specialty center               Urgent care
- Direct hospital admission    Other

Patient was admitted to the hospital as a result of sick visit 5    Unknown    Yes    No

Name of hospital for sick visit 5 \_\_\_\_\_

ICD-9 codes for sick visit 5 known    Yes    No

ICD-9 codes for sick visit 5 \_\_\_\_\_

Diagnosis for sick visit 5 \_\_\_\_\_

Number of inpatient days for sick visit 5 \_\_\_\_\_

Number of ICU days for sick visit 5 \_\_\_\_\_

Date of sick visit 6   |   |

Reason for sick visit 6    Unknown    Condition related    Condition unrelated

Sick visit 6 was a condition exacerbation    Unknown    Yes    No

Location for sick visit 6

- Unknown                       Emergency department       Retail clinic
- Primary care                       Specialty center               Urgent care
- Direct hospital admission    Other

Patient was admitted to the hospital as a result of sick visit 6    Unknown    Yes    No

Name of hospital for sick visit 6 \_\_\_\_\_

ICD-9 codes for sick visit 6 known    Yes    No

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

ICD-9 codes for sick visit 6 \_\_\_\_\_

Diagnosis for sick visit 6 \_\_\_\_\_

Number of inpatient days for sick visit 6 \_\_\_\_\_

Number of ICU days for sick visit 6 \_\_\_\_\_

Date of sick visit 7 |M|M| |D|D| |Y|Y|

Reason for sick visit 7  Unknown  Condition related  Condition unrelatedSick visit 7 was a condition exacerbation  Unknown  Yes  No

Location for sick visit 7

 Unknown  Emergency department  Retail clinic Primary care  Specialty center  Urgent care Direct hospital admission  OtherPatient was admitted to the hospital as a result of sick visit 7  Unknown  Yes  No

Name of hospital for sick visit 7 \_\_\_\_\_

ICD-9 codes for sick visit 7 known  Yes  No

ICD-9 codes for sick visit 7 \_\_\_\_\_

Diagnosis for sick visit 7 \_\_\_\_\_

Number of inpatient days for sick visit 7 \_\_\_\_\_

Number of ICU days for sick visit 7 \_\_\_\_\_

Date of sick visit 8 |M|M| |D|D| |Y|Y|

Reason for sick visit 8  Unknown  Condition related  Condition unrelatedSick visit 8 was a condition exacerbation  Unknown  Yes  No

Location for sick visit 8

 Unknown  Emergency department  Primary care Specialty center  Urgent care  Direct hospital admission OtherPatient was admitted to the hospital as a result of sick visit 8  Unknown  Yes  No

Name of hospital for sick visit 8 \_\_\_\_\_

ICD-9 codes for sick visit 8 known  Yes  No

ICD-9 codes for sick visit 8 \_\_\_\_\_

Diagnosis for sick visit 8 \_\_\_\_\_

Number of inpatient days for sick visit 8 \_\_\_\_\_

Number of ICU days for sick visit 8 \_\_\_\_\_

Date of sick visit 9 |M|M| |D|D| |Y|Y|

Reason for sick visit 9  Unknown  Condition related  Condition unrelatedSick visit 9 was a condition exacerbation  Unknown  Yes  No

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Location for sick visit 9

- Unknown                       Emergency department     Retail clinic
- Primary care                       Specialty center             Urgent care
- Direct hospital admission  Other

Patient was admitted to the hospital as a result of sick visit 9     Unknown     Yes     No

Name of hospital for sick visit 9 \_\_\_\_\_

ICD-9 codes for sick visit 9 known     Yes     No

ICD-9 codes for sick visit 9 \_\_\_\_\_

Diagnosis for sick visit 9 \_\_\_\_\_

Number of inpatient days for sick visit 9 \_\_\_\_\_

Number of ICU days for sick visit 9 \_\_\_\_\_

Date of sick visit 10

Reason for sick visit 10     Unknown     Condition related     Condition unrelated

Sick visit 10 was a condition exacerbation     Unknown     Yes     No

Location for sick visit 10

- Unknown                       Emergency department     Retail clinic
- Primary care                       Specialty center             Urgent care
- Direct hospital admission  Other

Patient was admitted to the hospital as a result of sick visit 10     Unknown     Yes     No

Name of hospital for sick visit 10 \_\_\_\_\_

ICD-9 codes for sick visit 10 known     Yes     No

ICD-9 codes for sick visit 10 \_\_\_\_\_

Diagnosis for sick visit 10 \_\_\_\_\_

Number of inpatient days for sick visit 10 \_\_\_\_\_

Number of ICU days for sick visit 10 \_\_\_\_\_

**Procedures**

---

Anesthesia since last visit     Unknown     Yes     No

Specific anesthesia precautions recommended due to metabolic condition     Unknown     Yes     No

Surgical precautions taken

Anesthesia complications     Unknown     Yes     No

Patient Name \_\_\_\_\_

Date

Anesthesia complications-specify

Surgeries since last visit    Unknown    Yes    No

Surgical procedure(s) \_\_\_\_\_

Surgery complications    Unknown    Yes    No

Surgery complications-specify

### **Pregnancy**

---

Patient has had a biological child since the last visit    Unknown    Yes    No

Please complete the pregnancy form.

Patient has become pregnant since the last visit    Unknown    Yes    No

Please complete the pregnancy form.

### **Dialysis**

---

Dialysis (any type) since the last outpatient metabolic visit    Unknown    Yes    No

Please complete the dialysis form.

### **Transplants**

---

Transplant since last visit

Unknown

Yes-transplant received

No-patient was evaluated for transplant but did not receive

No

Please complete the transplant form.

### **Other Procedures**

---

Major medical procedure since last visit    Unknown    Yes    No

Description of major medical procedure \_\_\_\_\_

### **Comments**

---

Patient Name \_\_\_\_\_

Date

Visit health history comments

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

## *Cbl-C,D - Visit Findings*

### Visit Measurements

Measurements taken at visit

- Unknown     
  None     
  Blood pressure     
  Head circumference  
 Height/length     
  Weight

Blood pressure-systolic \_\_\_\_\_

Blood pressure-diastolic \_\_\_\_\_

Head circumference \_\_\_\_\_

Head circumference units     cm     in

Height/length \_\_\_\_\_

Height/length units     cm     in

How height/length measured     Unknown     Supine     Standing

Weight \_\_\_\_\_

Weight units     lbs     kg     gm     oz

Body mass index \_\_\_\_\_

Patient currently demonstrates extrapyramidal signs     Unknown     Yes     No

Patient currently has signs of skeletal involvement     Unknown     Yes     No

Patient currently has a gait abnormality     Unknown     Yes     No

### Comments

Visit findings comments

Patient Name \_\_\_\_\_

Date      

## *Cbl-C,D - Visit Ancillary Care*

### Care Coordination

Missed subspecialty visits since last visit  Unknown  Yes  No

Number of missed subspecialty visits \_\_\_\_\_

Other health services currently received  Unknown  Yes  No

Specify other current health services

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown                                     | <input type="checkbox"/> Allergy                  |
| <input type="checkbox"/> Audiology                                   | <input type="checkbox"/> Behavioral/Developmental |
| <input type="checkbox"/> Cardiology                                  | <input type="checkbox"/> Dentistry                |
| <input type="checkbox"/> Dermatology                                 | <input type="checkbox"/> Dietitian                |
| <input type="checkbox"/> Endocrinology                               | <input type="checkbox"/> Gastroenterology         |
| <input type="checkbox"/> Genetic Counseling                          | <input type="checkbox"/> Hematology               |
| <input type="checkbox"/> Home health care                            | <input type="checkbox"/> Nephrology               |
| <input type="checkbox"/> Neurology                                   | <input type="checkbox"/> Neuropsychology          |
| <input type="checkbox"/> Neurosurgery                                | <input type="checkbox"/> Occupational therapy     |
| <input type="checkbox"/> Oncology                                    | <input type="checkbox"/> Ophthalmology            |
| <input type="checkbox"/> Orthopedics                                 | <input type="checkbox"/> Otolaryngology           |
| <input type="checkbox"/> Physical medicine and rehabilitation (PM&R) | <input type="checkbox"/> Physical therapy         |
| <input type="checkbox"/> Primary care provider                       | <input type="checkbox"/> Psychiatry               |
| <input type="checkbox"/> Psychology                                  | <input type="checkbox"/> Public health nursing    |
| <input type="checkbox"/> Pulmonology                                 | <input type="checkbox"/> Respiratory therapy      |
| <input type="checkbox"/> Speech-Language therapy                     | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Transplant                                  | <input type="checkbox"/> Other                    |

Specify other current health services-other, specify \_\_\_\_\_

Specify type of primary care provider  Unknown  Family practice  Internal medicine  Pediatrics

Name of primary care provider \_\_\_\_\_

Preventive care status

- Unknown  None
- On schedule for preventative care services  Behind schedule for preventative care services

Type of transplant service  Unknown  Evaluated for transplant  Received transplantTransplant organ  Unknown  Heart  Kidney  Liver  Lung  Stem cell  Other

Transplant organ-other, specify \_\_\_\_\_

Community resources currently received  Unknown  Yes  No

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Specify current community resources

- Unknown
- Daycare
- Early childhood family education
- Family support
- Head Start
- Medical Home
- Nutritional services (WIC/MAC)
- Personal care attendant (PCA)
- Preschool
- Respite care
- Social media
- Social services
- Waivered services (CAC/CADI waiver/other waivers)
- Other

Specify current community resources-other, specify \_\_\_\_\_

Specify current family support     Unknown     Family support related to this condition     Other

Specify current family support-other, specify \_\_\_\_\_

Specify medical home     Unknown     Primary care center     Speciality care center     Other

Specify medical home-other, specify \_\_\_\_\_

Specify current social services

- Unknown                       County                       Developmental disability
- Medical                       Mental health                       Other

Specify current social services-other, specify \_\_\_\_\_

**Emergency Management**

---

Patient currently has emergency specialty contact information

Unknown                       Yes                       No

Not needed for this condition

Type of emergency contact information

- Web-based                       Letter                       Sick day plan                       Alert accessory
- Contact information     Other

Type of emergency contact information-other, specify \_\_\_\_\_

**Developmental Assessment**

---

Developmental assessment done at this visit     Unknown     Yes     No

Standardized developmental screening tool(s) used     Unknown     Yes     No



Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Referred for further behavioral assessment  Unknown  Yes  No

Referred for further behavioral assessment-Explain

 Previously referred Family declined further assessments

Type of provider/service to whom patient was referred for behavioral assessment

 Unknown Developmental/behavioral pediatrician Marriage and family therapist Mental health counselor Neuropsychologist Psychiatric APRN/CNP/CNS Psychiatrist Psychologist School psychologist Social worker Other

Type of provider/service to whom patient was referred for behavioral assessment-other, specify \_\_\_\_\_

**Education**

Special education assessment recommended

 Unknown Yes No Special education services already received

Reason special education services received

 Unknown Cognitive disability Developmental delay Fine motor disability Gross motor disability Learning disability Social-emotional disability Speech/Language disability Other health impairment (OHI) Other

Reason special education services received-other, specify \_\_\_\_\_

Special education category

 Unknown Autism spectrum disorders Blind-visually impaired Deaf and hard of hearing Deaf-Blind Developmental cognitive disabilities: mild-moderate Developmental cognitive disabilities: severe- profound Developmental delay Emotional/Behavioral disorders Physically impaired Severely multiply impaired Specific learning disabilities

Patient Name \_\_\_\_\_

Date

Speech or language impairments

Traumatic brain injury

Other health disabilities

Special education, other- specify \_\_\_\_\_

**Comments**

---

Visit ancillary care comments

Patient Name \_\_\_\_\_

Date      

## *Cbl-C,D - Visit Lab Studies*

### **Biochemical Labs**

Biochemical labs associated with this visit

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                            | <input type="checkbox"/> None                            |
| <input type="checkbox"/> Amylase                            | <input type="checkbox"/> Lipase                          |
| <input type="checkbox"/> Plasma acylcarnitine profile       | <input type="checkbox"/> Plasma amino acid profile       |
| <input type="checkbox"/> Plasma carnitine                   | <input type="checkbox"/> Plasma methylmalonic acid level |
| <input type="checkbox"/> Plasma total homocysteine level    | <input type="checkbox"/> RBC folate                      |
| <input type="checkbox"/> Serum holo-transcobalamin II level | <input type="checkbox"/> Serum vitamin B12 level         |
| <input type="checkbox"/> Urine homocysteine                 | <input type="checkbox"/> Urine ketones                   |
| <input type="checkbox"/> Urine methylmalonic acid level     | <input type="checkbox"/> Urine organic acids             |
| <input type="checkbox"/> Other                              |  |

Amylase     Within normal limits     Abnormal     In progress     Results unavailable

Amylase value \_\_\_\_\_

Amylase units     U/L

Amylase reference range \_\_\_\_\_

Lipase     Within normal limits     Abnormal     In progress     Results unavailable

Lipase value \_\_\_\_\_

Lipase units     U/L

Lipase reference range \_\_\_\_\_

Plasma acylcarnitine profile     Within normal limits     Abnormal     In progress     Results unavailable

Plasma acylcarnitine profile comments

Plasma amino acid profile     Within normal limits     Abnormal     In progress     Results unavailable

Plasma amino acid comments

Plasma carnitine levels

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> Free carnitine                  | <input type="checkbox"/> Total carnitine |
| <input type="checkbox"/> Esterified carnitine | <input type="checkbox"/> Esterified:Free carnitine ratio |  |

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Free plasma carnitine  Within normal limits  Abnormal  In progress  Results unavailable

Free plasma carnitine value \_\_\_\_\_

Free plasma carnitine units  umol/L  mg/dL

Free plasma carnitine reference range \_\_\_\_\_

Total plasma carnitine  Within normal limits  Abnormal  In progress  Results unavailable

Total plasma carnitine value \_\_\_\_\_

Total plasma carnitine units  umol/L  mg/dL

Total plasma carnitine reference range \_\_\_\_\_

Esterified plasma carnitine  Within normal limits  Abnormal  In progress  Results unavailable

Esterified plasma carnitine value \_\_\_\_\_

Esterified plasma carnitine units  umol/L  mg/dL

Esterified plasma carnitine reference range \_\_\_\_\_

Esterified:Free plasma carnitine ratio

 Within normal limits  Abnormal  In progress  Results unavailable

Esterified:Free plasma carnitine ratio value \_\_\_\_\_

Esterified:Free plasma carnitine ratio reference range \_\_\_\_\_

Plasma methylmalonic acid level

 Within normal limits  Abnormal  In progress  Results unavailable

Plasma methylmalonic acid level value \_\_\_\_\_

Plasma methylmalonic acid level units  umol/L  nmol/L  ng/mL

Plasma methylmalonic acid level reference range \_\_\_\_\_

Plasma total homocysteine level

 Within normal limits  Abnormal  In progress  Results unavailable

Plasma total homocysteine level value \_\_\_\_\_

Plasma total homocysteine level units  umol/L  mg/L

Plasma total homocysteine level reference range \_\_\_\_\_

RBC folate  Within normal limits  Abnormal  In progress  Results unavailable

RBC folate value \_\_\_\_\_

RBC folate units  nmol/L  ng/mL

RBC folate reference range \_\_\_\_\_

Serum holo-transcobalamin II level

 Within normal limits  Abnormal  In progress  Results unavailable

Serum holo-transcobalamin II level value \_\_\_\_\_

Serum holo-transcobalamin II level units  nmol/L  ng/mL

Serum holo-transcobalamin II level reference range \_\_\_\_\_

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>
---

Serum vitamin B12 level  Within normal limits  Abnormal  In progress  Results unavailable

Serum vitamin B12 level value \_\_\_\_\_

Serum vitamin B12 level units  pmol/L  pg/mL  ng/mL

Serum vitamin B12 level reference range \_\_\_\_\_

Urine homocysteine level  Within normal limits  Abnormal  In progress  Results unavailable

Urine homocysteine level value \_\_\_\_\_

Urine homocysteine level units  umol/mol Cr  mg/g Cr

Urine homocysteine level reference range \_\_\_\_\_

Urine ketones  Within normal limits  Abnormal  In progress  Results unavailable

Urine ketones comments

Urine methylmalonic acid level

Within normal limits  Abnormal  In progress  Results unavailable

Urine methylmalonic acid level value \_\_\_\_\_

Urine methylmalonic acid level units  mmol/mol Cr  ug/mg Cr

Urine methylmalonic acid level reference range \_\_\_\_\_

Urine organic acids  Within normal limits  Abnormal  In progress  Results unavailable

Urine organic acid comments

Biochemical lab associated with this visit-other, specify \_\_\_\_\_

Other visit lab  Within normal limits  Abnormal  In progress  Results unavailable

Other visit lab comments

Other visit lab value \_\_\_\_\_

Other visit lab units \_\_\_\_\_

Other visit lab reference range \_\_\_\_\_

Genetic testing performed for patient, sibling(s), or parent(s) since last visit  Unknown  Yes  No

Genetic testing information updated on the Intake Initial Testing form.  Unknown  Yes  No

Patient Name \_\_\_\_\_

Date      **Chemistry Labs**

Chemistry labs associated with this visit

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unknown                    | <input type="checkbox"/> None                  | <input type="checkbox"/> Arterial blood gas          |
| <input type="checkbox"/> Anion gap                  | <input type="checkbox"/> Ammonia               | <input type="checkbox"/> Calcium                     |
| <input type="checkbox"/> Chloride                   | <input type="checkbox"/> Carbon dioxide        | <input type="checkbox"/> Glucose                     |
| <input type="checkbox"/> Potassium                  | <input type="checkbox"/> Lactate dehydrogenase | <input type="checkbox"/> Magnesium                   |
| <input type="checkbox"/> Sodium                     | <input type="checkbox"/> Phosphorous           | <input type="checkbox"/> Total cholesterol (fasting) |
| <input type="checkbox"/> Total cholesterol (random) | <input type="checkbox"/> Uric acid             | <input type="checkbox"/> Other                       |

Arterial blood gas    Within normal limits    Abnormal    In progress    Results unavailable

Arterial blood gas comments

Arterial blood gas value \_\_\_\_\_

Arterial blood gas units    mmHg    mEq/L

Arterial blood gas reference range \_\_\_\_\_

Anion gap    Within normal limits    Abnormal    In progress    Results unavailable

Anion gap value \_\_\_\_\_

Anion gap units    mEq/L    mmol/L    umol/L    nmol/L

Anion gap reference range \_\_\_\_\_

Ammonia    Within normal limits    Abnormal    In progress    Results unavailable

Ammonia value \_\_\_\_\_

Ammonia units    umol/L    ug/dL

Ammonia reference range \_\_\_\_\_

Calcium    Within normal limits    Abnormal    In progress    Results unavailable

Calcium value \_\_\_\_\_

Calcium units    mmol/L    mg/dL

Calcium reference range \_\_\_\_\_

Chloride    Within normal limits    Abnormal    In progress    Results unavailable

Chloride value \_\_\_\_\_

Chloride units    mmol/L    mg/L

Chloride reference range \_\_\_\_\_

Carbon dioxide    Within normal limits    Abnormal    In progress    Results unavailable

Carbon dioxide value \_\_\_\_\_

Carbon dioxide units    mEq/L    mmol/L

Patient Name \_\_\_\_\_

Date      

Carbon dioxide reference range \_\_\_\_\_

Glucose  Within normal limits  Abnormal  In progress  Results unavailable

Glucose value \_\_\_\_\_

Glucose units  mmol/L  mg/dL

Glucose reference range \_\_\_\_\_

Potassium  Within normal limits  Abnormal  In progress  Results unavailable

Potassium value \_\_\_\_\_

Potassium units  mEq/L  mmol/L

Potassium reference range \_\_\_\_\_

Lactate dehydrogenase  Within normal limits  Abnormal  In progress  Results unavailable

Lactate dehydrogenase value \_\_\_\_\_

Lactate dehydrogenase units  U/L

Lactate dehydrogenase reference range \_\_\_\_\_

Magnesium  Within normal limits  Abnormal  In progress  Results unavailable

Magnesium value \_\_\_\_\_

Magnesium units  mmol/L  mg/dL

Magnesium reference range \_\_\_\_\_

Sodium  Within normal limits  Abnormal  In progress  Results unavailable

Sodium value \_\_\_\_\_

Sodium units  mEq/L  mmol/L

Sodium reference range \_\_\_\_\_

Phosphorous  Within normal limits  Abnormal  In progress  Results unavailable

Phosphorous value \_\_\_\_\_

Phosphorous units  mmol/L  mg/dL

Phosphorous reference range \_\_\_\_\_

Total Cholesterol (fasting)  Within normal limits  Abnormal  In progress  Results unavailable

Total Cholesterol (fasting) value \_\_\_\_\_

Total Cholesterol (fasting) units  mmol/L  mg/dL

Total Cholesterol (fasting) reference range \_\_\_\_\_

Total Cholesterol (random)  Within normal limits  Abnormal  In progress  Results unavailable

Total Cholesterol (random) value \_\_\_\_\_

Total Cholesterol (random) units  mmol/L  mg/dL

Total Cholesterol (random) reference range \_\_\_\_\_

Uric acid  Within normal limits  Abnormal  In progress  Results unavailable

Uric acid value \_\_\_\_\_

Patient Name \_\_\_\_\_

Date

Uric acid units  umol/L  mg/dL

Uric acid reference range \_\_\_\_\_

Chemistry labs-other, specify \_\_\_\_\_

Other chemistry labs  Within normal limits  Abnormal  In progress  Results unavailable

Other chemistry lab comments

Other chemistry lab value \_\_\_\_\_

Other chemistry lab units \_\_\_\_\_

Other chemistry lab reference range \_\_\_\_\_

### Hematology Labs

---

Hematology labs associated with this visit

- Unknown  None  Fibrinogen
- Hematocrit  Hemoglobin  International Normalized Ratio
- Partial Thromboplastin Time  Prothrombin time test  Peripheral blood smear
- Platelet count  Red blood cell count  White blood cell count
- Other

Fibrinogen  Within normal limits  Abnormal  In progress  Results unavailable

Fibrinogen value \_\_\_\_\_

Fibrinogen units  umol/L  mg/dL

Fibrinogen reference range \_\_\_\_\_

Hematocrit  Within normal limits  Abnormal  In progress  Results unavailable

Hematocrit value \_\_\_\_\_

Hematocrit units  %  Proportion of total hemoglobin

Hematocrit reference range \_\_\_\_\_

Hemoglobin  Within normal limits  Abnormal  In progress  Results unavailable

Hemoglobin value \_\_\_\_\_

Hemoglobin units  g/dL  g/L

Hemoglobin reference range \_\_\_\_\_

International Normalized Ratio (INR)

Within normal limits  Abnormal  In progress  Results unavailable

International Normalized Ratio (INR) value \_\_\_\_\_

International Normalized Ratio (INR) reference range \_\_\_\_\_

Partial Thromboplastin Time (PTT)

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>
---

Within normal limits    Abnormal                       In progress                       Results unavailable

Partial Thromboplastin Time (PTT) value \_\_\_\_\_

Partial Thromboplastin Time (PTT) units    seconds

Partial Thromboplastin Time (PTT) reference range \_\_\_\_\_

Prothrombin time test    Within normal limits    Abnormal    In progress    Results unavailable

Prothrombin time test value \_\_\_\_\_

Prothrombin time test units    seconds

Prothrombin time test reference range \_\_\_\_\_

Peripheral blood smear    Within normal limits    Abnormal    In progress    Results unavailable

Peripheral blood smear value \_\_\_\_\_

Peripheral blood smear units    platelet/RBC/WBC count

Peripheral blood smear reference range \_\_\_\_\_

Platelet count    Within normal limits    Abnormal    In progress    Results unavailable

Platelet count value \_\_\_\_\_

Platelet count units    THOU/uL    10<sup>9</sup>/L    10<sup>3</sup>/ul    k/uL

Platelet count reference range \_\_\_\_\_

Red blood cell count    Within normal limits    Abnormal    In progress    Results unavailable

Red blood cell count value \_\_\_\_\_

Red blood cell count units    10<sup>6</sup>/uL    10<sup>12</sup>/uL

Red blood cell count reference range \_\_\_\_\_

White blood cell count    Within normal limits    Abnormal    In progress    Results unavailable

White blood cell count value \_\_\_\_\_

White blood cell count units    10<sup>3</sup>/uL    10<sup>9</sup>/uL

White blood cell count reference range \_\_\_\_\_

Hematology labs-other, specify \_\_\_\_\_

Other hematology labs    Within normal limits    Abnormal    In progress    Results unavailable

Other hematology lab comments

Other hematology lab value \_\_\_\_\_

Other hematology lab units \_\_\_\_\_

Other hematology lab reference range \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      **Liver Labs**

Liver labs associated with this visit

- Unknown                       None                       Albumin  
 Alkaline phosphatase               Alanine aminotransferase               Aspartate aminotransferase  
 Direct bilirubin                       Gamma-glutamyl transpeptide               Globulin  
 Prealbumin                       Total bilirubin                       Total protein  
 Other

Albumin     Within normal limits     Abnormal     In progress     Results unavailable

Albumin value \_\_\_\_\_

Albumin units     g/dL     g/L     mg/L     mg/dL     g/mL     mg/mL     ug/L     ug/mL     ug/dL

Albumin reference range \_\_\_\_\_

Alkaline phosphatase     Within normal limits     Abnormal     In progress     Results unavailable

Alkaline phosphatase value \_\_\_\_\_

Alkaline phosphatase units     U/L     ukat/L

Alkaline phosphatase reference range \_\_\_\_\_

Alanine aminotransferase     Within normal limits     Abnormal     In progress     Results unavailable

Alanine aminotransferase value \_\_\_\_\_

Alanine aminotransferase units     U/L     ukat/L

Alanine aminotransferase reference range \_\_\_\_\_

Aspartate aminotransferase     Within normal limits     Abnormal     In progress     Results unavailable

Aspartate aminotransferase value \_\_\_\_\_

Aspartate aminotransferase units     U/L     ukat/L

Aspartate aminotransferase reference range \_\_\_\_\_

Direct bilirubin     Within normal limits     Abnormal     In progress     Results unavailable

Direct bilirubin value \_\_\_\_\_

Direct bilirubin units

 umol/L     mg/dL     nmol/L     mmol/L     umol/dL     umol/mL     nmol/dL nmol/mL     mmol/mL     mg/L     g/dL     g/L

Direct bilirubin reference range \_\_\_\_\_

Gamma-glutamyl transpeptidase

 Within normal limits     Abnormal                       In progress                       Results unavailable

Gamma-glutamyl transpeptidase value \_\_\_\_\_

Gamma-glutamyl transpeptidase units     IU/L     U/L

Gamma-glutamyl transpeptidase reference range \_\_\_\_\_

Globulin     Within normal limits     Abnormal     In progress     Results unavailable

Patient Name \_\_\_\_\_

Date      

Globulin value \_\_\_\_\_

Globulin units  g/dL  g/L

Globulin reference range \_\_\_\_\_

Prealbumin  Within normal limits  Abnormal  In progress  Results unavailable

Prealbumin value \_\_\_\_\_

Prealbumin units  mg/dL  mg/L

Prealbumin reference range \_\_\_\_\_

Total bilirubin  Within normal limits  Abnormal  In progress  Results unavailable

Total bilirubin value \_\_\_\_\_

Total bilirubin units  umol/L  mg/dL

Total bilirubin reference range \_\_\_\_\_

Total protein  Within normal limits  Abnormal  In progress  Results unavailable

Total protein value \_\_\_\_\_

Total protein units  g/dL  g/L

Total protein reference range \_\_\_\_\_

Liver labs-other, specify \_\_\_\_\_

Other liver labs  Within normal limits  Abnormal  In progress  Results unavailable

Other liver lab comments

Other liver lab value \_\_\_\_\_

Other liver lab units \_\_\_\_\_

Other liver lab reference range \_\_\_\_\_

## Renal Labs

---

Renal labs associated with this visit

 Unknown None Blood urea nitrogen Serum creatinine 24-hour creatinine clearance Nuclear medicine glomerular filtration rate OtherBlood urea nitrogen  Within normal limits  Abnormal  In progress  Results unavailable

Blood urea nitrogen value \_\_\_\_\_

Blood urea nitrogen units  mmol/L  mg/dL

Blood urea nitrogen reference range \_\_\_\_\_

Serum creatinine  Within normal limits  Abnormal  In progress  Results unavailable

Patient Name \_\_\_\_\_

Date      

Serum creatinine value \_\_\_\_\_

Serum creatinine units  umol/L  mg/dL

Serum creatinine reference range \_\_\_\_\_

24-hour creatinine clearance  Within normal limits  Abnormal  In progress  Results unavailable

24-hour creatinine clearance value \_\_\_\_\_

24-hour creatinine clearance units  mL/min  mL/s

24-hour creatinine clearance reference range \_\_\_\_\_

Nuclear medicine glomerular filtration rate

 Within normal limits  Abnormal  In progress  Results unavailable

Nuclear medicine glomerular filtration rate value \_\_\_\_\_

Nuclear medicine glomerular filtration rate units  mL/min/1.73m<sup>2</sup>  mL/min/1.73m<sup>3</sup>

Nuclear medicine glomerular filtration rate reference range \_\_\_\_\_

Renal labs-other, specify \_\_\_\_\_

Other renal labs  Within normal limits  Abnormal  In progress  Results unavailable

Other renal lab comments

Other renal lab value \_\_\_\_\_

Other renal lab units \_\_\_\_\_

Other renal lab reference range \_\_\_\_\_

### Miscellaneous Labs

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Miscellaneous labs associated with this visit

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Unknown                | <input type="checkbox"/> None                        | <input type="checkbox"/> B-type natriuretic peptide     |
| <input type="checkbox"/> Creatine phosphokinase | <input type="checkbox"/> C-reactive protein          | <input type="checkbox"/> Erythrocyte sedimentation rate |
| <input type="checkbox"/> Ferritin               | <input type="checkbox"/> Thyroid stimulating hormone | <input type="checkbox"/> Thyroxine (free)               |
| <input type="checkbox"/> Thyroxine (total)      | <input type="checkbox"/> Transferrin                 | <input type="checkbox"/> Troponin                       |
| <input type="checkbox"/> Urinalysis             | <input type="checkbox"/> Zinc                        | <input type="checkbox"/> Other                          |

B-type natriuretic peptide  Within normal limits  Abnormal  In progress  Results unavailable

B-type natriuretic peptide value \_\_\_\_\_

B-type natriuretic peptide units  pg/mL  ng/L

B-type natriuretic peptide reference range \_\_\_\_\_

Creatine phosphokinase  Within normal limits  Abnormal  In progress  Results unavailable

Creatine phosphokinase value \_\_\_\_\_

Creatine phosphokinase units  U/L  umol/L  mg/dL

Patient Name \_\_\_\_\_

Date      

Creatine phosphokinase reference range \_\_\_\_\_

C-reactive protein  Within normal limits  Abnormal  In progress  Results unavailable

C-reactive protein value \_\_\_\_\_

C-reactive protein units  nmol/L  mg/dL

C-reactive protein reference range \_\_\_\_\_

Erythrocyte sedimentation rate  Within normal limits  Abnormal  In progress  Results unavailable

Erythrocyte sedimentation rate value \_\_\_\_\_

Erythrocyte sedimentation rate units  mm/h

Erythrocyte sedimentation rate reference range \_\_\_\_\_

Ferritin  Within normal limits  Abnormal  In progress  Results unavailable

Ferritin value \_\_\_\_\_

Ferritin units  pmol/L  ng/mL

Ferritin reference range \_\_\_\_\_

Thyroid-stimulating hormone  Within normal limits  Abnormal  In progress  Results unavailable

Thyroid-stimulating hormone value \_\_\_\_\_

Thyroid-stimulating hormone units  mIU/L

Thyroid-stimulating hormone reference range \_\_\_\_\_

Thyroxine (free)  Within normal limits  Abnormal  In progress  Results unavailable

Thyroxine (free) value \_\_\_\_\_

Thyroxine (free) units  pmol/L  ng/mL

Thyroxine (free) reference range \_\_\_\_\_

Thyroxine (total)  Within normal limits  Abnormal  In progress  Results unavailable

Thyroxine (total) value \_\_\_\_\_

Thyroxine (total) units  pmol/L  ng/mL

Thyroxine (total) reference range \_\_\_\_\_

Transferrin  Within normal limits  Abnormal  In progress  Results unavailable

Transferrin value \_\_\_\_\_

Transferrin units  mg/dL  g/L

Transferrin reference range \_\_\_\_\_

Troponin  Within normal limits  Abnormal  In progress  Results unavailable

Troponin value \_\_\_\_\_

Troponin units  ng/mL  ug/L

Troponin reference range \_\_\_\_\_

Urinalysis  Within normal limits  Abnormal  In progress  Results unavailable

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Urinalysis comments

Zinc  Within normal limits  Abnormal  In progress  Results unavailable

Zinc value \_\_\_\_\_

Zinc units  umol/L  ug/dL

Zinc reference range \_\_\_\_\_

Miscellaneous labs-other, specify \_\_\_\_\_

Other miscellaneous labs  Within normal limits  Abnormal  In progress  Results unavailable

Other miscellaneous lab comments

Other miscellaneous lab value \_\_\_\_\_

Other miscellaneous lab units \_\_\_\_\_

Other miscellaneous lab reference range \_\_\_\_\_

**Comments**

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Visit lab studies comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Visit Studies Other***

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### **Other Studies**

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Physiological tests associated with this visit

- Unknown                       None                       Electrocardiogram (ECG)  
 Electroencephalography (EEG)    Electromyography (EMG)    Holter monitoring  
 Cardiac stress test

#### **Electrocardiogram**

Electrocardiogram date      

Electrocardiogram findings of note

#### **Electroencephalography**

Electroencephalography date      

Electroencephalography findings of note

#### **Electromyography**

Electromyography date      

Electromyography findings of note

#### **Holter Monitoring**

Holter monitoring date      

Holter monitoring findings of note

#### **Cardiac Stress Test**

Cardiac stress test date

Patient Name \_\_\_\_\_

Date

Cardiac stress test findings of note

**Imaging Studies**

Imaging studies associated with this visit

- Unknown       None       Abdominal       Cardiac
- Musculoskeletal       Neurological       Renal/pelvic/genital       Other

Abdominal imaging

- Unknown       CT WNL       CT Abn       MRI WNL       MRI Abn
- Ultrasound WNL       Ultrasound Abn       X-ray WNL       X-ray Abn

Abdominal findings of note

Cardiac Imaging

- Unknown       Chest x-ray WNL       Chest x-ray Abn       Echocardiogram WNL
- Echocardiogram Abn       Other

Cardiac findings of note

Musculoskeletal imaging

- Unknown       Bone scan WNL       Bone scan Abn       CT WNL       CT Abn
- MRI WNL       MRI Abn       Ultrasound WNL       Ultrasound Abn       X-rays WNL
- X-rays Abn       Other

Musculoskeletal findings of note

Neurological imaging

- Unknown       Cranial ultrasound WNL
- Cranial ultrasound Abn       Head CT WNL
- Head CT Abn       Head MRI WNL
- Head MRI Abn       Positron emission tomography (PET) scan WNL

Patient Name \_\_\_\_\_

Date

Positron emission tomography (PET) scan Abn

Evidence of abnormal myelination on CNS imaging  Unknown  Yes  No

Evidence of reduced brain volume due to increased ventricular size on CNS imaging

Unknown  Yes  No

Evidence of reduced brain volume due to generalized increased extra-axial fluid on CNS imaging

Unknown  Yes  No

Evidence of basal ganglia injury on CNS imaging  Unknown  Yes  No

Evidence of vascular event on CNS imaging  Unknown  Yes  No

Evidence of subacute combined degeneration of the spinal cord  Unknown  Yes  No

Neurological findings of note

Renal/Pelvic/Genital imaging

Unknown

Genitogram WNL

Genitogram Abn

Nuclear medicine dimercapto succinic acid (DMSA) renal scan WNL

Nuclear medicine dimercapto succinic acid (DMSA) renal scan Abn

Pelvic ultrasound WNL

Pelvic ultrasound Abn

Renal ultrasound WNL

Renal ultrasound Abn

Testicular ultrasound WNL

Testicular ultrasound Abn

VCUG WNL

VCUG Abn

Other

Renal/pelvic/genital findings of note

Imaging studies-other, specify \_\_\_\_\_

Other imaging studies date

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Other imaging studies explanation

### Eye Exam

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Eye exam associated with this visit    Unknown    Yes    No

Eye exam findings

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                            | <input type="checkbox"/> Within normal limits              |
| <input type="checkbox"/> Evidence of nystagmus              | <input type="checkbox"/> Evidence of optic nerve atrophy   |
| <input type="checkbox"/> Evidence of pigmentary retinopathy | <input type="checkbox"/> Evidence of reduced visual acuity |
| <input type="checkbox"/> Evidence of strabismus             | <input type="checkbox"/> Other                             |

Eye exam findings-other, specify \_\_\_\_\_

### Comments

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Visit studies-other comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Visit Management And Treatment Pharmacotherapy***

### **Pharmacotherapy**

#### Medications

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Unknown                      | <input type="checkbox"/> None                | <input type="checkbox"/> Analgesics           |
| <input type="checkbox"/> Antacids                     | <input type="checkbox"/> Antianxiety         | <input type="checkbox"/> Antibiotics          |
| <input type="checkbox"/> Anticoagulants/Thrombolytics | <input type="checkbox"/> Anticonvulsants     | <input type="checkbox"/> Antidepressants      |
| <input type="checkbox"/> Antiemetics                  | <input type="checkbox"/> Antifungals         | <input type="checkbox"/> Antihistamines       |
| <input type="checkbox"/> Antihypertensives            | <input type="checkbox"/> Antiinflammatories  | <input type="checkbox"/> Antioxidants         |
| <input type="checkbox"/> Antipsychotics               | <input type="checkbox"/> Antipyretics        | <input type="checkbox"/> Antivirals           |
| <input type="checkbox"/> Aromatase inhibitor          | <input type="checkbox"/> Biphosphonates      | <input type="checkbox"/> Bronchodilators      |
| <input type="checkbox"/> Contraceptives-injections    | <input type="checkbox"/> Contraceptives-oral | <input type="checkbox"/> Corticosteroids      |
| <input type="checkbox"/> Diuretics                    | <input type="checkbox"/> Estrogen            | <input type="checkbox"/> GnRH Analog          |
| <input type="checkbox"/> Growth hormone               | <input type="checkbox"/> Immunosuppressives  | <input type="checkbox"/> Insulin              |
| <input type="checkbox"/> Insulin sensitizers          | <input type="checkbox"/> Iron                | <input type="checkbox"/> Laxatives            |
| <input type="checkbox"/> Mannitol                     | <input type="checkbox"/> Progesterone        | <input type="checkbox"/> Sleeping medications |
| <input type="checkbox"/> Testosterone                 | <input type="checkbox"/> Vitamins            | <input type="checkbox"/> Other                |

Other medications- specify \_\_\_\_\_

Homeopathic therapies  Unknown  Yes  No

Specify homeopathic therapies

#### **Disease Treatment**

##### Treatment recommended/prescribed

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> None                   | <input type="checkbox"/> Aspirin     |
| <input type="checkbox"/> Cyanocobalamin (B12) | <input type="checkbox"/> Cystadane              | <input type="checkbox"/> Folic acid  |
| <input type="checkbox"/> Folinic acid         | <input type="checkbox"/> Hydroxocobalamin (B12) | <input type="checkbox"/> L-carnitine |
| <input type="checkbox"/> Pyridoxine (B6)      | <input type="checkbox"/> Riboflavin             | <input type="checkbox"/> Other       |

##### **Aspirin**

Aspirin route recommended/prescribed  Unknown  Feeding tube  Oral

Aspirin dose recommended/prescribed \_\_\_\_\_

Aspirin dose recommended/prescribed units  mg

Aspirin frequency recommended/prescribed

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

- Unknown       Once/day       Twice/day       Three times/day       Four times/day  
 Other

Aspirin frequency recommended/prescribed-other, specify \_\_\_\_\_

Aspirin taken as recommended/prescribed     Unknown     Yes     No

Actual aspirin dose reported \_\_\_\_\_

Actual aspirin dose reported units     mg

Actual aspirin frequency reported

- Unknown       Once/day       Twice/day       Three times/day       Four times/day  
 Other

Actual aspirin frequency reported-other, specify \_\_\_\_\_

Reason aspirin is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for aspirin

- Unknown  
 None  
 Commercial/private  
 Medicaid  
 Medicare  
 Military  
 Newborn screening funds  
 Patient assistance program  
 Self-pay  
 State Children's Health Insurance Program (SCHIP)  
 State Children with Special Health Needs (CSHN) Program  
 Other

**Cyanocobalamin (B12)**

Cyanocobalamin (B12) route recommended/prescribed

- Unknown     Feeding tube     IM                       IN                       Oral                       SL  
 SQ

Cyanocobalamin (B12) dose recommended/prescribed \_\_\_\_\_

Cyanocobalamin (B12) dose recommended/prescribed units     mg     ug

Cyanocobalamin (B12) frequency recommended/prescribed

- Unknown       Once/day       Twice/day       Three times/day       Four times/day  
 Every other day     Once weekly     Twice weekly     Once monthly     Other

Cyanocobalamin (B12) frequency recommended/prescribed-other, specify \_\_\_\_\_

Cyanocobalamin (B12) taken as recommended/prescribed     Unknown     Yes     No

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Actual cyanocobalamin (B12) dose reported \_\_\_\_\_

Actual cyanocobalamin (B12) dose reported units  mg  ug

Actual cyanocobalamin (B12) frequency reported

 Unknown  Once/day  Twice/day  Three times/day  Four times/day Every other day  Once weekly  Twice weekly  Once monthly  Other

Actual cyanocobalamin (B12) frequency reported-other, specify \_\_\_\_\_

Reason cyanocobalamin (B12) is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for cyanocobalamin (B12)

 Unknown None Commercial/private Medicaid Medicare Military Newborn screening funds Patient assistance program Self-pay State Children's Health Insurance Program (SCHIP) State Children with Special Health Needs (CSHN) Program Other**Cystadane**Cystadane route recommended/prescribed  Unknown  Feeding tube  Oral

Cystadane dose recommended/prescribed \_\_\_\_\_

Cystadane dose recommended/prescribed units  g  mg

Cystadane frequency recommended/prescribed

 Unknown  Once/day  Twice/day  Three times/day  Four times/day Other

Cystadane frequency recommended/prescribed-other, specify \_\_\_\_\_

Cystadane taken as recommended/prescribed  Unknown  Yes  No

Actual cystadane dose reported \_\_\_\_\_

Actual cystadane dose reported units  g  mg

Actual cystadane frequency reported

 Unknown  Once/day  Twice/day  Three times/day  Four times/day Other

Actual cystadane frequency reported-other, specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      

Reason cystadane is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for cystadane

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

**Folic acid**Folic acid route recommended/prescribed  Unknown  Feeding tube  Oral

Folic acid dose recommended/prescribed \_\_\_\_\_

Folic acid dose recommended/prescribed units  mg  ug

Folic acid frequency recommended/prescribed

 Unknown  Once/day  Twice/day  Three times/day  Other

Folic acid frequency recommended/prescribed-other, specify \_\_\_\_\_

Folic acid taken as recommended/prescribed  Unknown  Yes  No

Actual folic acid dose reported \_\_\_\_\_

Actual folic acid dose reported units  mg  ug

Actual folic acid frequency reported

 Unknown  Once/day  Twice/day  Three times/day  Other

Actual folic acid frequency reported-other, specify \_\_\_\_\_

Reason folic acid is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for folic acid

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military

Patient Name \_\_\_\_\_

Date      

- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

**Folinic acid**Folinic acid route recommended/prescribed  Unknown  Feeding tube  Oral

Folinic acid dose recommended/prescribed \_\_\_\_\_

Folinic acid dose recommended/prescribed units  mg  ug

Folinic acid frequency recommended/prescribed

- Unknown
- Once/day
- Twice/day
- Three times/day
- Four times/day
- Other

Folinic acid frequency recommended/prescribed-other, specify \_\_\_\_\_

Folinic acid taken as recommended/prescribed  Unknown  Yes  No

Actual folinic acid dose reported \_\_\_\_\_

Actual folinic acid dose reported units  mg  ug

Actual folinic acid frequency reported

- Unknown
- Once/day
- Twice/day
- Three times/day
- Four times/day
- Other

Actual folinic acid frequency reported-other, specify \_\_\_\_\_

Reason folinic acid is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for folinic acid

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

Patient Name \_\_\_\_\_

Date      **Hydroxocobalamin (B12)**

Hydroxocobalamin (B12) route recommended/prescribed

- Unknown     Feeding tube     IM                       IN                       Oral                       SL  
 SQ

Hydroxocobalamin (B12) dose recommended/prescribed \_\_\_\_\_

Hydroxocobalamin (B12) dose recommended/prescribed units     mg     ug

Hydroxocobalamin (B12) frequency recommended/prescribed

- Unknown             Once/day             Twice/day             Every other day     Once weekly  
 Twice weekly     Once monthly     Other

Hydroxocobalamin (B12) frequency recommended/prescribed-other, specify \_\_\_\_\_

Hydroxocobalamin (B12) taken as recommended/prescribed     Unknown     Yes     No

Actual hydroxocobalamin (B12) dose reported \_\_\_\_\_

Actual hydroxocobalamin (B12) dose reported units     mg     ug

Actual hydroxocobalamin (B12) frequency reported

- Unknown             Once/day             Twice/day             Every other day     Once weekly  
 Twice weekly     Once monthly     Other

Actual hydroxocobalamin (B12) frequency reported-other, specify \_\_\_\_\_

Reason hydroxocobalamin (B12) is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for hydroxocobalamin (B12)

- Unknown  
 None  
 Commercial/private  
 Medicaid  
 Medicare  
 Military  
 Newborn screening funds  
 Patient assistance program  
 Self-pay  
 State Children's Health Insurance Program (SCHIP)  
 State Children with Special Health Needs (CSHN) Program  
 Other

**L-carnitine**L-carnitine route recommended/prescribed     Unknown     Feeding tube     IV     Oral

L-carnitine dose recommended/prescribed \_\_\_\_\_

L-carnitine dose recommended/prescribed units     g     mg

Patient Name \_\_\_\_\_

Date      

L-carnitine frequency recommended/prescribed

- Unknown       Once/day       Twice/day       Three times/day       Four times/day  
 Other

L-carnitine frequency recommended/prescribed-other, specify \_\_\_\_\_

L-carnitine taken as recommended/prescribed     Unknown     Yes     No

Actual L-carnitine dose reported \_\_\_\_\_

Actual L-carnitine dose reported units     g     mg

Actual L-carnitine frequency reported

- Unknown       Once/day       Twice/day       Three times/day       Four times/day  
 Other

Actual L-carnitine frequency reported-other, specify \_\_\_\_\_

Reason L-carnitine is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for L-carnitine

- Unknown  
 None  
 Commercial/private  
 Medicaid  
 Medicare  
 Military  
 Newborn screening funds  
 Patient assistance program  
 Self-pay  
 State Children's Health Insurance Program (SCHIP)  
 State Children with Special Health Needs (CSHN) Program  
 Other

**Pyridoxine (B6)**Pyridoxine (B6) route recommended/prescribed     Unknown     Feeding tube     IM     IV     Oral

Pyridoxine (B6) dose recommended/prescribed \_\_\_\_\_

Pyridoxine (B6) dose recommended/prescribed units     mgPyridoxine (B6) frequency recommended/prescribed     Unknown     Once/day     Other

Pyridoxine (B6) frequency recommended/prescribed-other, specify \_\_\_\_\_

Pyridoxine (B6) taken as recommended/prescribed     Unknown     Yes     No

Actual pyridoxine (B6) dose reported \_\_\_\_\_

Actual pyridoxine (B6) dose reported units     mgActual pyridoxine (B6) frequency reported     Unknown     Once/day     Other

Patient Name \_\_\_\_\_

Date      

Actual pyridoxine (B6) frequency reported-other, specify \_\_\_\_\_

Reason pyridoxine (B6) is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for pyridoxine (B6)

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

**Riboflavin**Riboflavin route recommended/prescribed  Unknown  Feeding tube  IV  Oral

Riboflavin dose recommended/prescribed \_\_\_\_\_

Riboflavin dose recommended/prescribed units  mgRiboflavin frequency recommended/prescribed  Unknown  Once/day  Other

Riboflavin frequency recommended/prescribed-other, specify \_\_\_\_\_

Riboflavin taken as recommended/prescribed  Unknown  Yes  No

Actual riboflavin dose reported \_\_\_\_\_

Actual riboflavin dose reported units  mgActual riboflavin frequency reported  Unknown  Once/day  Other

Actual riboflavin frequency reported-other, specify \_\_\_\_\_

Reason riboflavin is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for riboflavin

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

**Other Treatment**

Other treatment recommend/prescribed \_\_\_\_\_

Other treatment route recommended/prescribed \_\_\_\_\_

Other treatment dose recommended/prescribed \_\_\_\_\_

Other treatment dose recommended/prescribed units \_\_\_\_\_

Other treatment frequency recommended/prescribed \_\_\_\_\_

Other treatment taken as recommended/prescribed     Unknown     Yes     No

Actual other treatment dose reported \_\_\_\_\_

Actual other treatment dose reported units \_\_\_\_\_

Actual other treatment frequency reported \_\_\_\_\_

Reason other treatment is not taken as recommended/prescribed \_\_\_\_\_

Method of payment for other treatment

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

**Comments**

Medication and supplement comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Visit Management And Treatment Nutrition***

### **Nutrition**

Mode of nutrition delivery    Unknown    Oral    NG tube    NJ tube    G-tube    GJ tube    TPN

Types of milk/formula taken

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Unknown               | <input type="checkbox"/> None                      | <input type="checkbox"/> Baby formula (regular)    |
| <input type="checkbox"/> Baby formula (soy)    | <input type="checkbox"/> Elemental formula         | <input type="checkbox"/> Breast milk               |
| <input type="checkbox"/> Human milk fortifier  | <input type="checkbox"/> Almond milk               | <input type="checkbox"/> Rice milk                 |
| <input type="checkbox"/> Skim milk             | <input type="checkbox"/> 1% milk                   | <input type="checkbox"/> 2% milk                   |
| <input type="checkbox"/> Soy milk              | <input type="checkbox"/> Special metabolic formula | <input type="checkbox"/> Toddler formula (regular) |
| <input type="checkbox"/> Toddler formula (soy) | <input type="checkbox"/> Whole milk                | <input type="checkbox"/> Other                     |

Number of special metabolic formulas recommended/prescribed    Unknown    1    2    3

Name of special metabolic formula 1 \_\_\_\_\_

Amount of special metabolic formula 1 (grams) recommended/prescribed per 24 hours \_\_\_\_\_

Special metabolic formula 1 taken as recommended/prescribed    Unknown    Yes    No

Actual frequency of use of special metabolic formula 1

- Unknown    0 days/week    1 day/week    2 days/week    3 days/week    4 days/week  
5 days/week    6 days/week

Reason special metabolic formula 1 is not taken as recommended/prescribed \_\_\_\_\_

Fat grams from metabolic formula 1 recommended/prescribed per 24 hours \_\_\_\_\_

Protein grams from metabolic formula 1 recommended/prescribed per 24 hours \_\_\_\_\_

Method of payment for special metabolic formula 1

- Unknown  
None  
Commercial/private  
Medicaid  
Medicare  
Military  
Newborn screening funds  
Patient assistance program  
Self-pay  
State Children's Health Insurance Program (SCHIP)  
State Children with Special Health Needs (CSHN) Program  
Other

Patient Name _____
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name of special metabolic formula 2 \_\_\_\_\_

Amount of special metabolic formula 2 (grams) recommended/prescribed per 24 hours \_\_\_\_\_

Special metabolic formula 2 taken as recommended/prescribed     Unknown     Yes     No

Actual frequency of use of special metabolic formula 2

Unknown     0 days/week     1 day/week     2 days/week     3 days/week     4 days/week

5 days/week     6 days/week

Reason special metabolic formula 2 is not taken as recommended/prescribed \_\_\_\_\_

Fat grams from metabolic formula 2 recommended/prescribed per 24 hours \_\_\_\_\_

Protein grams from metabolic formula 2 recommended/prescribed per 24 hours \_\_\_\_\_

Method of payment for special metabolic formula 2

Unknown

None

Commercial/private

Medicaid

Medicare

Military

Newborn screening funds

Patient assistance program

Self-pay

State Children's Health Insurance Program (SCHIP)

State Children with Special Health Needs (CSHN) Program

Other

Name of special metabolic formula 3 \_\_\_\_\_

Amount of special metabolic formula 3 (grams) recommended/prescribed per 24 hours \_\_\_\_\_

Special metabolic formula 3 taken as recommended/prescribed     Unknown     Yes     No

Actual frequency of use of special metabolic formula 3

Unknown     0 days/week     1 day/week     2 days/week     3 days/week     4 days/week

5 days/week     6 days/week

Reason special metabolic formula 3 is not taken as recommended/prescribed \_\_\_\_\_

Fat grams from metabolic formula 3 recommended/prescribed per 24 hours \_\_\_\_\_

Protein grams from metabolic formula 3 recommended/prescribed per 24 hours \_\_\_\_\_

Method of payment for special metabolic formula 3

Unknown

None

Commercial/private

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>
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- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

Type milk/formula, other- specify \_\_\_\_\_

**Modified Low Protein Foods**

Modified low protein foods recommended/prescribed     Unknown     Yes     No

Amount of protein grams recommended/prescribed from food per day (not including metabolic formula) for protein restricted diet \_\_\_\_\_

Method of payment for modified low protein foods

- Unknown
- None
- Commercial/private
- Medicaid
- Medicare
- Military
- Newborn screening funds
- Patient assistance program
- Self-pay
- State Children's Health Insurance Program (SCHIP)
- State Children with Special Health Needs (CSHN) Program
- Other

Patient/primary caregiver reports adherence to modified low protein foods     Unknown     Yes     No

Actual frequency of adherence to modified low protein foods

- Unknown     0 days/week     1 day/week     2 days/week     3 days/week     4 days/week
- 5 days/week     6 days/week

Reason for poor adherence to modified low protein foods \_\_\_\_\_

**Comments**

---

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Nutrition comments

Patient Name \_\_\_\_\_

Date        

## ***Cbl-C,D - Study Status***

---

First date of study status change      Condition follow-up status    Active    Inactive

Reason for inactive status

- Unknown                                       Deceased                                       Lost to follow-up
- Moved     Refused follow-up                                       Follow-up deemed unnecessary
- Subject withdrawal from study

Date of death      

Age of death (in years) \_\_\_\_\_

Moved-specify

- Moved to another IBEMC participating center
- Moved to another non-IBEMC participating center
- Moved-condition follow-up status unknown
- Specify other IBEMC participating center
- IL-Ann & Robert H. Lurie Children's Hospital of Chicago
- IL-University of Illinois
- IN- Riley Hospital for Children Indiana University Health
- KY-University of Louisville
- MI-University of Michigan
- MI-Wayne State University Children's Hospital of Michigan
- MN-University of Minnesota
- MO-University of Missouri
- NE-University of Nebraska
- NJ-Hackensack University
- NY-University of Rochester
- NY-Women's & Children's Hospital of Buffalo
- OH-Cincinnati Children's Hospital
- OH-Nationwide Children's Hospital
- OK-Saint Francis Hospital
- OK-University of Oklahoma
- PA-Children's Hospital of Pittsburgh
- SD-Sanford Children's Specialty Clinic
- WI-University of Wisconsin
- WI-Medical College of Wisconsin

Patient Name _____
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Specify other non-IBEMC participating center \_\_\_\_\_

Specify reason for follow-up refusal

Specify reason follow-up deemed unnecessary, if known

Specify reason for study withdrawal

- Declined consent at age of majority or emancipation
- Subject initiated withdrawal
- Investigator initiated withdrawal

Specify reason subject initiated withdrawal, if known

Specify reason investigator initiated withdrawal, if known

Second date of study status change

Condition follow-up status     Active     Inactive

Reason for inactive status

- |   |   |  |
|---|---|--|
| <input type="radio"/> Unknown                       | <input type="radio"/> Deceased          | <input type="radio"/> Lost to follow-up            |
| <input type="radio"/> Moved                         | <input type="radio"/> Refused follow-up | <input type="radio"/> Follow-up deemed unnecessary |
| <input type="radio"/> Subject withdrawal from study |   |  |

Date of death

Age of death (in years) \_\_\_\_\_

Moved-specify

- Moved to another IBEMC participating center
- Moved to another non-IBEMC participating center
- Moved-condition follow-up status unknown

Specify other IBEMC participating center

- IL-Ann & Robert H. Lurie Children's Hospital of Chicago

Patient Name \_\_\_\_\_

Date

- IL-University of Illinois
- IN- Riley Hospital for Children Indiana University Health
- KY-University of Louisville
- MI-University of Michigan
- MI-Wayne State University Children's Hospital of Michigan
- MN-University of Minnesota
- MO-University of Missouri
- NE-University of Nebraska
- NJ-Hackensack University
- NY-University of Rochester
- NY-Women's & Children's Hospital of Buffalo
- OH-Cincinnati Children's Hospital
- OH-Nationwide Children's Hospital
- OK-Saint Francis Hospital
- OK-University of Oklahoma
- PA-Children's Hospital of Pittsburgh
- SD-Sanford Children's Specialty Clinic
- WI-University of Wisconsin
- WI-Medical College of Wisconsin

Specify other non-IBEMC participating center \_\_\_\_\_

Specify reason for follow-up refusal

Specify reason follow-up deemed unnecessary, if known

Specify reason for study withdrawal

- Declined consent at age of majority or emancipation
- Subject initiated withdrawal
- Investigator initiated withdrawal



Patient Name _____ Date <input type="text" value="M"/> <input type="text" value="M"/>   <input type="text" value="D"/> <input type="text" value="D"/>   <input type="text" value="Y"/> <input type="text" value="Y"/>
--

- OK-Saint Francis Hospital
- OK-University of Oklahoma
- PA-Children's Hospital of Pittsburgh
- SD-Sanford Children's Specialty Clinic
- WI-University of Wisconsin
- WI-Medical College of Wisconsin

Specify other non-IBEMC participating center \_\_\_\_\_

Specify reason for follow-up refusal

Specify reason follow-up deemed unnecessary, if known

Specify reason for study withdrawal

- Declined consent at age of majority or emancipation
- Subject initiated withdrawal
- Investigator initiated withdrawal

Specify reason subject initiated withdrawal, if known

Specify reason investigator initiated withdrawal, if known

Fourth date of study status change   |   |

Condition follow-up status    Active    Inactive

Reason for inactive status

- |   |   |  |
|---|---|--|
| <input type="radio"/> Unknown                       | <input type="radio"/> Deceased          | <input type="radio"/> Lost to follow-up            |
| <input type="radio"/> Moved                         | <input type="radio"/> Refused follow-up | <input type="radio"/> Follow-up deemed unnecessary |
| <input type="radio"/> Subject withdrawal from study |   |  |

Date of death   |   |

Age of death (in years) \_\_\_\_\_

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Moved-specify

- Moved to another IBEMC participating center
- Moved to another non-IBEMC participating center
- Moved-condition follow-up status unknown

Specify other IBEMC participating center

- IL-Ann & Robert H. Lurie Children's Hospital of Chicago
- IL-University of Illinois
- IN- Riley Hospital for Children Indiana University Health
- KY-University of Louisville
- MI-University of Michigan
- MI-Wayne State University Children's Hospital of Michigan
- MN-University of Minnesota
- MO-University of Missouri
- NE-University of Nebraska
- NJ-Hackensack University
- NY-University of Rochester
- NY-Women's & Children's Hospital of Buffalo
- OH-Cincinnati Children's Hospital
- OH-Nationwide Children's Hospital
- OK-Saint Francis Hospital
- OK-University of Oklahoma
- PA-Children's Hospital of Pittsburgh
- SD-Sanford Children's Specialty Clinic
- WI-University of Wisconsin
- WI-Medical College of Wisconsin

Specify other non-IBEMC participating center \_\_\_\_\_

Specify reason for follow-up refusal

Specify reason follow-up deemed unnecessary, if known

Specify reason for study withdrawal

Patient Name \_\_\_\_\_

Date

Declined consent at age of majority or emancipation

Subject initiated withdrawal

Investigator initiated withdrawal

Specify reason subject initiated withdrawal, if known

Specify reason investigator initiated withdrawal, if known

**Comments**

---

Study status comments

Patient Name \_\_\_\_\_

Date      

## ***Cbl-C,D - Pregnancy***

---

Patient has had one or more pregnancies  Unknown  Yes  No

Number of pregnancies \_\_\_\_\_

Number of term pregnancies \_\_\_\_\_

Number of preterm pregnancies \_\_\_\_\_

Number of pregnancies ending in abortion/miscarriage \_\_\_\_\_

Number of pregnancies resulting in live birth \_\_\_\_\_

Patient has biological children  Unknown  Yes  No

Number of biological children \_\_\_\_\_

### **First Pregnancy**

---

Patient's age at time of first pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before first pregnancy (in months)

- Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for first pregnancy

- Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for first pregnancy

- Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for first pregnancy

- Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Cause(s) of male infertility for first pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for first pregnancy

- Unknown  Age  
 Alcohol use  Cancer/cancer treatment related  
 Early menopause  Fallopian tube damage/blockage

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

- |   |  |
|---|--|
| <input type="checkbox"/> Hyperprolactinemia               | <input type="checkbox"/> Pelvic adhesions                |
| <input type="checkbox"/> Polycystic ovary syndrome (PCOS) | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Over-exercise                    | <input type="checkbox"/> Ovulation disorder              |
| <input type="checkbox"/> Thyroid problems                 | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Uterine fibroid                  | <input type="checkbox"/> Weight related                  |
| <input type="checkbox"/> Other                            |  |

Cause(s) of female infertility for first pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for first pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to first pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> None            |
| <input type="checkbox"/> Assisted reproductive technology | <input type="checkbox"/> Fertility drugs |
| <input type="checkbox"/> Surgery                          |  |

Type of assisted reproductive technologies used during first pregnancy

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <input type="checkbox"/> Assisted hatching         | <input type="checkbox"/> ICSI  | <input type="checkbox"/> IVF |
| <input type="checkbox"/> Surgical sperm aspiration | <input type="checkbox"/> Other |                              |

Type of assisted reproductive technologies used during first pregnancy-other, specify

\_\_\_\_\_

Partner tested for patient's disorder during first pregnancy

- |                                  |  |  |                             |
|----------------------------------|--|--|-----------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes-biochemical | <input type="checkbox"/> Yes-molecular | <input type="checkbox"/> No |
|----------------------------------|--|--|-----------------------------|

Partner also affected by disorder during first pregnancy    Unknown    Yes    NoPreimplantation genetic diagnosis for disorder done for first pregnancy    Unknown    Yes    NoPrenatal testing done for fetus for this disorder for first pregnancy    Unknown    Yes    NoType of prenatal testing performed for first pregnancy    Unknown    Biochemical    Molecular

Method of prenatal testing for first pregnancy

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> Chorionic villus sampling |
|----------------------------------|--|--|

Additional prenatal testing performed on fetus as a result of parent's disorder for first pregnancy

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Fetal echocardiogram | <input type="checkbox"/> Increased frequency prenatal ultrasounds |
| <input type="checkbox"/> Other                |   |

Additional prenatal testing performed on fetus as a result of parent's disorder for first pregnancy-other, specify \_\_\_\_\_

First pregnancy terminated    Unknown    Yes    No

Reason first pregnancy terminated

- |  |
|--|
| <input type="radio"/> Elective due to fetus affected with disorder |
|--|

Patient Name \_\_\_\_\_

Date      

- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of first pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for first pregnancy \_\_\_\_\_

Prenatal care received during first pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during first pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during first pregnancy

- Unknown  Metabolic diet  Medications
- Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during first pregnancy-other, specify

Patient in good metabolic condition prior to first pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of first pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of first pregnancy

- Unknown  Pregnancy not sustained to second trimester
- Yes  No

Patient in good metabolic condition during third trimester of first pregnancy

- Unknown  Pregnancy not sustained to third trimester
- Yes  No

Number of outpatient metabolic visits for patient during first pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during first pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during first pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Complications during first pregnancy

- Unknown  Yes-related to disorder
- Yes- not known to be related to disorder  No

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Complications related to disorder during first pregnancy- specify

- Unknown
- Acute fatty liver of pregnancy (AFLP)
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Mother affected with this condition
- Other

Complications not known to be related to disorder during first pregnancy-specify

- Unknown
- Advanced maternal age (35+ years of age)
- Ectopic pregnancy
- Gestational diabetes
- Group B strep
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Inadequate prenatal care
- Maternal prenatal substance exposure
- Preeclampsia
- Rh isoimmunization
- Toxemia
- Young maternal age (15 years of age + under)
- Preterm labor
- Other

Complications during first pregnancy-other, specify\_\_\_\_\_

Number of ED visits for complications during first pregnancy, unrelated to management of disorder

- Unknown    0      1      2      3      4      5  
 6      7      8      9      10      >10

Number of hospitalizations for complications during first pregnancy, unrelated to management of disorder

- Unknown    0      1      2      3      4      5  
 6      7      8      9      10      >10

Duration of longest inpatient hospitalization (in days) for any reason during first pregnancy\_\_\_\_\_

Highest value of primary metabolite of concern during first pregnancy (specify metabolite, value, and units of measure)

Patient Name \_\_\_\_\_

Date    |    |   

Lowest value of primary metabolite of concern during first pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during first pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO <sub>2</sub> - Abn low           | <input type="checkbox"/> CO <sub>2</sub> - WNL               |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Other laboratory studies done on patient during first pregnancy: describe test(s) and result(s)

Additional interventions required during first pregnancy due to this metabolic condition

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                                    | <input type="checkbox"/> ED visits for hyperemesis/IV fluids   |
| <input type="checkbox"/> Hospitalizations for hyperemesis/IV fluids | <input type="checkbox"/> TPN                                   |
| <input type="checkbox"/> Tube feedings                              | <input type="checkbox"/> Additional medications                |
| <input type="checkbox"/> Home lab monitoring                        | <input type="checkbox"/> Increased frequency of lab monitoring |

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

- More intensive fetal monitoring
- Bedrest
- Other

Additional interventions required during first pregnancy due to this metabolic condition-other, specify \_\_\_\_\_

Total maternal weight gain (in kg) during first pregnancy \_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for first pregnancy

- Unknown
- None
- Additional maternal lab monitoring
- Altered anesthesia plan
- Change in delivery site
- IV fluids
- Letter to OB/MFM specialist
- Planned C-section
- Referral for high risk OB management
- Other

Additional interventions planned for labor/delivery related to patient's disorder for first pregnancy-other, specify

Actual interventions for labor/delivery related to patient's disorder for first pregnancy

- Unknown
- No
- Letter to OB/MFM specialist
- IV fluids
- Planned C-section
- Additional maternal lab monitoring
- Change in delivery site
- Referral for high risk OB management
- Altered anesthesia plan
- Other

Actual interventions for labor/delivery related to patient's disorder for first pregnancy-other, specify

Acute health concerns experienced by the patient during delivery for first delivery

Abnormal patient lab results during first delivery

- Unknown
- None
- Normal labs during delivery
- Elevated CK
- Elevated liver function tests
- Hyperammonemia
- Hypoglycemia
- Metabolic decompensation
- Other

Patient Name \_\_\_\_\_

Date

Abnormal patient lab results during first delivery-other, specify

Additional maternal interventions during or after first delivery related to this disorder

- Unknown                       Ammonul                       Blood/blood product transfusion
- Dialysis                       ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after first delivery related to this disorder-other, specify

Patient death during or shortly after first delivery     Unknown     Yes     No

Disorder contributed to death of mother during first delivery     Unknown     Yes     No

Weeks gestation at time of first delivery - round to nearest week\_\_\_\_\_

Method of first delivery

- Unknown                                       Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- first delivery\_\_\_\_\_

Live delivery of first newborn     Unknown     Yes     No

Acute health concerns for first newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Additional lab tests and results done on first newborn specifically due to maternal disorder history

Health concerns for first newborn not known to be related to disorder

Additional interventions for first newborn during or shortly after delivery (other than labs)

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                              | <input type="checkbox"/> Blood/blood product transfusion |
| <input type="checkbox"/> Glucose infusion                     | <input type="checkbox"/> Medications                     |
| <input type="checkbox"/> NICU/special care nursery monitoring | <input type="checkbox"/> Resuscitation                   |
| <input type="checkbox"/> TPN                                  | <input type="checkbox"/> Other                           |

Additional interventions for first newborn during or shortly after delivery-other, specify

Birth measurements for first newborn     Unknown     Head circumference     Length     Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units     cm     in

Birth length \_\_\_\_\_

Birth length units     cm     in

Birth weight \_\_\_\_\_

Birth weight units     lbs     kg     gm     oz

APGAR score at 1 minute for first newborn

- |                               |                         |                         |                         |                          |                         |                         |
|-------------------------------|-------------------------|-------------------------|-------------------------|--------------------------|-------------------------|-------------------------|
| <input type="radio"/> Unknown | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3  | <input type="radio"/> 4 | <input type="radio"/> 5 |
| <input type="radio"/> 6       | <input type="radio"/> 7 | <input type="radio"/> 8 | <input type="radio"/> 9 | <input type="radio"/> 10 |                         |                         |

Health concern(s) with APGAR score at one minute < 8 for first newborn

APGAR score at 5 minutes for first newborn

- |                               |                         |                         |                         |                          |                         |                         |
|-------------------------------|-------------------------|-------------------------|-------------------------|--------------------------|-------------------------|-------------------------|
| <input type="radio"/> Unknown | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3  | <input type="radio"/> 4 | <input type="radio"/> 5 |
| <input type="radio"/> 6       | <input type="radio"/> 7 | <input type="radio"/> 8 | <input type="radio"/> 9 | <input type="radio"/> 10 |                         |                         |

Health concern(s) with APGAR score at five minutes < 8 for first newborn

Length of first newborn's stay in the hospital after birth

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> <24 hours |
| <input type="checkbox"/> 24-28 hours  | <input type="checkbox"/> 3-5 days  |
| <input type="checkbox"/> 6-14 days  | <input type="checkbox"/> >14 days  |
| <input type="checkbox"/> N/A - baby was not born in a hospital <input type="checkbox"/> baby is still in the hospital |                                    |

Routine newborn screening done for first newborn

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

- Unknown
- Yes - abnormal
- No
- Yes - normal for all screened disorders
- Yes - results pending

Describe abnormal newborn screen result for first newborn

Reason routine newborn screening was not done for first newborn

- Unknown
- Died prior to collection of NBS
- Refused
- Transferred to another facility prior to NBS collection
- Transfused prior to collection of NBS
- Other

Reason routine newborn screening was not done for first newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the first baby after birth to rule out the mother's disorder

- Unknown
- Yes - biochemical normal
- Yes - biochemical abnormal
- Yes - molecular normal
- Yes - molecular abnormal affected
- Yes - molecular abnormal unaffected carrier
- No

Additional studies and results (examples: brain MRI, echocardiogram) done on first newborn to assess for effects of maternal disorder

First newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

- Unknown
- Yes
- No

Abnormal newborn exam findings for first newborn

- Unknown
- None
- Congenital heart disease
- Dysmorphism
- Lethargy
- Microcephaly
- Other congenital anomalies
- Poor feeding
- Respiratory distress
- Seizure(s)
- Small for gestational age
- Other

Abnormal newborn exam findings for first newborn-other, specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      Newborn death at or shortly after delivery for first newborn  Unknown  Yes  NoNewborn's death related to maternal disorder for first newborn  Unknown  Yes  NoFirst newborn currently alive  Unknown  Yes  No**Second Pregnancy**

Patient's age at time of second pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before second pregnancy (in months)

- Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for second pregnancy

- Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for second pregnancy

- Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for second pregnancy

- Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Cause(s) of male infertility for second pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for second pregnancy

- Unknown  Age  
 Alcohol use  Cancer/cancer treatment related  
 Early menopause  Fallopian tube damage/blockage  
 Hyperprolactinemia  Pelvic adhesions  
 Polycystic ovary syndrome (PCOS)  Premature ovarian insufficiency  
 Over-exercise  Ovulation disorder  
 Thyroid problems  Tobacco use  
 Uterine fibroid  Weight related  
 Other

Cause(s) of female infertility for second pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for second pregnancy, combined male-female factor- specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      


---

 Types of fertility treatment(s) received prior to second pregnancy

- Unknown                                       None  
 Assisted reproductive technology    Fertility drugs  
 Surgery

Type of assisted reproductive technologies used during second pregnancy

- Assisted hatching                       ICSI                                       IVF  
 Surgical sperm aspiration    Other

Type of assisted reproductive technologies used during second pregnancy-other, specify

---

Partner tested for patient's disorder during second pregnancy

- Unknown                       Yes-biochemical                       Yes-molecular                       No

Partner also affected by disorder during second pregnancy    Unknown    Yes    NoPreimplantation genetic diagnosis for disorder done for second pregnancy    Unknown    Yes    NoPrenatal testing done for fetus for this disorder for second pregnancy    Unknown    Yes    NoType of prenatal testing performed for second pregnancy    Unknown    Biochemical    Molecular

Method of prenatal testing for second pregnancy

- Unknown                                       Amniocentesis                                       Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for second pregnancy

- Unknown                                       None  
 Fetal echocardiogram                       Increased frequency prenatal ultrasounds  
 Other

Additional prenatal testing performed on fetus as a result of parent's disorder for second pregnancy-other, specify \_\_\_\_\_

Second pregnancy terminated    Unknown    Yes    No

Reason second pregnancy terminated

- Elective due to fetus affected with disorder  
 Elective due to other fetal well-being unrelated to disorder  
 Elective for other reason  
 Elective due to maternal well-being  
 Spontaneous

Gestational age (in weeks) at time of second pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for second pregnancy \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      Prenatal care received during second pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during second pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during second pregnancy

 Unknown  Metabolic diet  Medications Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during second pregnancy-other, specify

Patient in good metabolic condition prior to second pregnancy  Unknown  Yes  NoPatient in good metabolic condition during first trimester of second pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of second pregnancy

 Unknown  Pregnancy not sustained to second trimester Yes  No

Patient in good metabolic condition during third trimester of second pregnancy

 Unknown  Pregnancy not sustained to third trimester Yes  No

Number of outpatient metabolic visits for patient during second pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during second pregnancy

 Unknown  0  1  2  3  4  5 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during second pregnancy

 Unknown  0  1  2  3  4  5 6  7  8  9  10  >10

Complications during second pregnancy

 Unknown  Yes-related to disorder Yes- not known to be related to disorder  No

Complications related to disorder during second pregnancy- specify

 Unknown Acute fatty liver of pregnancy (AFLP) Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome) Intrauterine growth restriction (AUGR) Mother affected with this condition Other

Complications not known to be related to disorder during second pregnancy-specify

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

- Unknown
- Advanced maternal age (35+ years of age)
- Ectopic pregnancy
- Gestational diabetes
- Group B strep
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Inadequate prenatal care
- Maternal prenatal substance exposure
- Preeclampsia
- Rh isoimmunization
- Toxemia
- Young maternal age (15 years of age + under)
- Preterm labor
- Other

Complications during second pregnancy-other, specify \_\_\_\_\_

Number of ED visits for complications during second pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5
- 6       7       8       9       10       >10

Number of hospitalizations for complications during second pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5
- 6       7       8       9       10       >10

Duration of longest inpatient hospitalization (in days) for any reason during second pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during second pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during second pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during second pregnancy

- Unknown
- Ammonia - Abn high

Patient Name \_\_\_\_\_

Date

- Ammonia - WNL
  - Blood glucose - WNL
  - BNP - Abn high
  - CBC - Abn
  - C02 - Abn low
  - CK - Abn high
  - Glucose Tolerance Test (oral) - Abn
  - INR - Abn
  - Liver function tests - Abn high
  - Plasma acylcarnitine profile - Abn
  - Plasma amino acids - Abn
  - Plasma carnitine levels - Abn
  - Prealbumin - Abn low
  - Transferrin - Abn
  - Urine acylcarnitines - Abn
  - Urine acylglycines - Abn
  - Urine ketones - Abn high
  - Urine organic acids - Abn
  - Other
- Blood glucose - Abn low
  - Blood Glucose - Abn high
  - BNP - WNL
  - CBC - WNL
  - C02 - WNL
  - CK - WNL
  - Glucose Tolerance Test (oral) - WNL
  - INR - WNL
  - Liver function tests - WNL
  - Plasma acylcarnitine profile - WNL
  - Plasma amino acids - WNL
  - Plasma carnitine levels - WNL
  - Prealbumin - WNL
  - Transferrin - WNL
  - Urine acylcarnitines - WNL
  - Urine acyglycines - WNL
  - Urine ketones - WNL
  - Urine organic acids - WNL

Other laboratory studies done on patient during second pregnancy: describe test(s) and result(s)

Additional interventions required during second pregnancy due to this metabolic condition

- Unknown
- Hospitalizations for hyperemesis/IV fluids
- Tube feedings
- Home lab monitoring
- More intensive fetal monitoring
- Other
- ED visits for hyperemesis/IV fluids
- TPN
- Additional medications
- Increased frequency of lab monitoring
- Bedrest

Additional interventions required during second pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during second pregnancy \_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for second pregnancy

- Unknown
- None

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

- Additional maternal lab monitoring
- Altered anesthesia plan
- Change in delivery site
- IV fluids
- Letter to OB/MFM specialist
- Planned C-section
- Referral for high risk OB management
- Other

Additional interventions planned for labor/delivery related to patient's disorder for second pregnancy-other, specify

Actual interventions for labor/delivery related to patient's disorder for second pregnancy

- Unknown
- No
- Letter to OB/MFM specialist
- IV fluids
- Planned C-section
- Additional maternal lab monitoring
- Change in delivery site
- Referral for high risk OB management
- Altered anesthesia plan
- Other

Actual interventions for labor/delivery related to patient's disorder for second pregnancy-other, specify

Acute health concerns experienced by the patient during delivery for second delivery

Abnormal patient lab results during second delivery

- Unknown
- None
- Normal labs during delivery
- Elevated CK
- Elevated liver function tests
- Hyperammonemia
- Hypoglycemia
- Metabolic decompensation
- Other

Abnormal patient lab results during second delivery-other, specify

Additional maternal interventions during or after second delivery related to this disorder

- Unknown
- Ammonul
- Blood/blood product transfusion
- Dialysis
- ICU monitoring
- Infusions
- Medications
- Resuscitation
- TPN



Patient Name \_\_\_\_\_

Date

Birth measurements for second newborn Unknown Head circumference Length Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units cm in

Birth length \_\_\_\_\_

Birth length units cm in

Birth weight \_\_\_\_\_

Birth weight units lbs kg gm oz

APGAR score at 1 minute for second newborn

- Unknown 0 1 2 3 4 5
- 6 7 8 9 10

Health concern(s) with APGAR score at one minute < 8 for second newborn

APGAR score at 5 minutes for second newborn

- Unknown 0 1 2 3 4 5
- 6 7 8 9 10

Health concern(s) with APGAR score at five minutes < 8 for second newborn

Length of second newborn's stay in the hospital after birth

- Unknown <24 hours
- 24-28 hours 3-5 days
- 6-14 days >14 days
- N/A - baby was not born in a hospital baby is still in the hospital

Routine newborn screening done for second newborn

- Unknown Yes - normal for all screened disorders
- Yes -abnormal Yes - results pending
- No

Describe abnormal newborn screen result for second newborn

Reason routine newborn screening was not done for second newborn

Patient Name \_\_\_\_\_

Date

- Unknown
- Died prior to collection of NBS
- Refused
- Transferred to another facility prior to NBS collection
- Transfused prior to collection of NBS
- Other

Reason routine newborn screening was not done for second newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the second baby after birth to rule out the mother's disorder

- Unknown  Yes - biochemical normal
- Yes - biochemical abnormal  Yes - molecular normal
- Yes - molecular abnormal affected  Yes - molecular abnormal unaffected carrier
- No

Additional studies and results (examples: brain MRI, echocardiogram) done on second newborn to assess for effects of maternal disorder

Second newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

- Unknown  Yes  No

Abnormal newborn exam findings for second newborn

- Unknown  None  Congenital heart disease
- Dysmorphism  Lethargy  Microcephaly
- Other congenital anomalies  Poor feeding  Respiratory distress
- Seizure(s)  Small for gestational age  Other

Abnormal newborn exam findings for second newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for second newborn  Unknown  Yes  No

Newborn's death related to maternal disorder for second newborn  Unknown  Yes  No

Second newborn currently alive  Unknown  Yes  No

### Third Pregnancy

Patient's age at time of third pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before third pregnancy (in months)

- Unknown  Unplanned  1  2  3  4  5

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

- 6       7       8       9       10       11       12  
 13-24       25-36       >36

History of infertility for third pregnancy

- Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for third pregnancy

- Unknown                       Male factor                       Female factor  
 Combined male-female factor

Cause(s) of male infertility for third pregnancy

- Unknown                       Abnormal sperm production or function  
 Age                               Cancer/cancer treatment related  
 Environmental               Problems with sperm delivery  
 Tobacco use                       Other

Cause(s) of male infertility for third pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for third pregnancy

- Unknown                       Age  
 Alcohol use                       Cancer/cancer treatment related  
 Early menopause               Fallopian tube damage/blockage  
 Hyperprolactinemia               Pelvic adhesions  
 Polycystic ovary syndrome (PCOS)       Premature ovarian insufficiency  
 Over-exercise                       Ovulation disorder  
 Thyroid problems               Tobacco use  
 Uterine fibroid                       Weight related  
 Other

Cause(s) of female infertility for third pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for third pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to third pregnancy

- Unknown                       None  
 Assisted reproductive technology       Fertility drugs  
 Surgery

Type of assisted reproductive technologies used during third pregnancy

- Assisted hatching               ICSI                               IVF

Patient Name \_\_\_\_\_

Date      Surgical sperm aspiration OtherType of assisted reproductive technologies used during third pregnancy-other, specify  
\_\_\_\_\_

Partner tested for patient's disorder during third pregnancy

Unknown Yes-biochemical Yes-molecular NoPartner also affected by disorder during third pregnancy Unknown Yes NoPreimplantation genetic diagnosis for disorder done for third pregnancy Unknown Yes NoPrenatal testing done for fetus for this disorder for third pregnancy Unknown Yes NoType of prenatal testing performed for third pregnancy Unknown Biochemical Molecular

Method of prenatal testing for third pregnancy

Unknown Amniocentesis Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for third pregnancy

Unknown NoneFetal echocardiogram Increased frequency prenatal ultrasoundsOther

Additional prenatal testing performed on fetus as a result of parent's disorder for third pregnancy-other, specify \_\_\_\_\_

Third pregnancy terminated Unknown Yes No

Reason third pregnancy terminated

- Elective due to fetus affected with disorder
- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of third pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for third pregnancy \_\_\_\_\_

Prenatal care received during third pregnancy Unknown Yes No

Weeks gestation prenatal care started during third pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during third pregnancy

Unknown Metabolic diet Medications

Biochemical lab monitoring Avoidance of fasting Other

Patient Name \_\_\_\_\_

Date      

Treatment prescribed for patient's disorder during third pregnancy-other, specify

Patient in good metabolic condition prior to third pregnancy Unknown Yes NoPatient in good metabolic condition during first trimester of third pregnancy Unknown Yes No

Patient in good metabolic condition during second trimester of third pregnancy

UnknownPregnancy not sustained to second trimesterYesNo

Patient in good metabolic condition during third trimester of third pregnancy

UnknownPregnancy not sustained to third trimesterYesNo

Number of outpatient metabolic visits for patient during third pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during third pregnancy

Unknown 0 1 2 3 4 56 7 8 9 10  >10

Number of hospitalizations for management of disorder during third pregnancy

Unknown 0 1 2 3 4 56 7 8 9 10  >10

Complications during third pregnancy

UnknownYes-related to disorderYes- not known to be related to disorder No

Complications related to disorder during third pregnancy- specify

UnknownAcute fatty liver of pregnancy (AFLP)Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)Intrauterine growth restriction (AUGR)Mother affected with this conditionOther

Complications not known to be related to disorder during third pregnancy-specify

UnknownAdvanced maternal age (35+ years of age)Ectopic pregnancyGestational diabetesGroup B strep

Patient Name \_\_\_\_\_

Date

- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Inadequate prenatal care
- Maternal prenatal substance exposure
- Preeclampsia
- Rh isoimmunization
- Toxemia
- Young maternal age (15 years of age + under)
- Preterm labor
- Other

Complications during third pregnancy-other, specify \_\_\_\_\_

Number of ED visits for complications during third pregnancy, unrelated to management of disorder

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Number of hospitalizations for complications during third pregnancy, unrelated to management of disorder

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Duration of longest inpatient hospitalization (in days) for any reason during third pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during third pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during third pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during third pregnancy

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown             | <input type="checkbox"/> Ammonia - Abn high       |
| <input type="checkbox"/> Ammonia - WNL       | <input type="checkbox"/> Blood glucose - Abn low  |
| <input type="checkbox"/> Blood glucose - WNL | <input type="checkbox"/> Blood Glucose - Abn high |
| <input type="checkbox"/> BNP - Abn high      | <input type="checkbox"/> BNP - WNL                |
| <input type="checkbox"/> CBC - Abn           | <input type="checkbox"/> CBC - WNL                |
| <input type="checkbox"/> C02 - Abn low       | <input type="checkbox"/> C02 - WNL                |

Patient Name \_\_\_\_\_

Date      

- |  |  |
|--|--|
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Other laboratory studies done on patient during third pregnancy: describe test(s) and result(s)

Additional interventions required during third pregnancy due to this metabolic condition

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                                    | <input type="checkbox"/> ED visits for hyperemesis/IV fluids   |
| <input type="checkbox"/> Hospitalizations for hyperemesis/IV fluids | <input type="checkbox"/> TPN                                   |
| <input type="checkbox"/> Tube feedings                              | <input type="checkbox"/> Additional medications                |
| <input type="checkbox"/> Home lab monitoring                        | <input type="checkbox"/> Increased frequency of lab monitoring |
| <input type="checkbox"/> More intensive fetal monitoring            | <input type="checkbox"/> Bedrest                               |
| <input type="checkbox"/> Other                                      |  |

Additional interventions required during third pregnancy due to this metabolic condition—other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during third pregnancy \_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for third pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                              | <input type="checkbox"/> None                    |
| <input type="checkbox"/> Additional maternal lab monitoring   | <input type="checkbox"/> Altered anesthesia plan |
| <input type="checkbox"/> Change in delivery site              | <input type="checkbox"/> IV fluids               |
| <input type="checkbox"/> Letter to OB/MFM specialist          | <input type="checkbox"/> Planned C-section       |
| <input type="checkbox"/> Referral for high risk OB management | <input type="checkbox"/> Other                   |

Patient Name \_\_\_\_\_

Date    |    |

Additional interventions planned for labor/delivery related to patient's disorder for third pregnancy-other, specify

Actual interventions for labor/delivery related to patient's disorder for third pregnancy

- Unknown No
- Letter to OB/MFM specialist IV fluids
- Planned C-section Additional maternal lab monitoring
- Change in delivery site Referral for high risk OB management
- Altered anesthesia plan Other

Actual interventions for labor/delivery related to patient's disorder for third pregnancy-other, specify

Acute health concerns experienced by the patient during delivery for third delivery

Abnormal patient lab results during third delivery

- Unknown None Normal labs during delivery
- Elevated CK Elevated liver function tests Hyperammonemia
- Hypoglycemia Metabolic decompensation Other

Abnormal patient lab results during third delivery-other, specify

Additional maternal interventions during or after third delivery related to this disorder

- Unknown Ammonul Blood/blood product transfusion
- Dialysis ICU monitoring Infusions
- Medications Resuscitation TPN
- Other



Patient Name \_\_\_\_\_

Date      

APGAR score at 5 minutes for third newborn

- Unknown    0      1      2      3      4      5  
 6      7      8      9      10

Health concern(s) with APGAR score at five minutes &lt; 8 for third newborn

Length of third newborn's stay in the hospital after birth

- Unknown                                       <24 hours  
 24-28 hours                                       3-5 days  
 6-14 days                                          >14 days  
 N/A - baby was not born in a hospital    baby is still in the hospital

Routine newborn screening done for third newborn

- Unknown     Yes - normal for all screened disorders  
 Yes - abnormal                                       Yes - results pending  
 No

Describe abnormal newborn screen result for third newborn

Reason routine newborn screening was not done for third newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for third newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the third baby after birth to rule out the mother's disorder

- Unknown     Yes - biochemical normal  
 Yes - biochemical abnormal                       Yes - molecular normal  
 Yes - molecular abnormal affected               Yes - molecular abnormal unaffected carrier  
 No

Patient Name \_\_\_\_\_

Date      

Additional studies and results (examples: brain MRI, echocardiogram) done on third newborn to assess for effects of maternal disorder

Third newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

Unknown  Yes  No

Abnormal newborn exam findings for third newborn

Unknown  None  Congenital heart disease  
 Dysmorphism  Lethargy  Microcephaly  
 Other congenital anomalies  Poor feeding  Respiratory distress  
 Seizure(s)  Small for gestational age  Other

Abnormal newborn exam findings for third newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for third newborn  Unknown  Yes  No

Newborn's death related to maternal disorder for third newborn  Unknown  Yes  No

Third newborn currently alive  Unknown  Yes  No

## Fourth Pregnancy

Patient's age at time of fourth pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before fourth pregnancy (in months)

Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for fourth pregnancy

Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for fourth pregnancy

Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for fourth pregnancy

Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

Cause(s) of male infertility for fourth pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for fourth pregnancy

- Unknown
- Age
- Alcohol use
- Cancer/cancer treatment related
- Early menopause
- Fallopian tube damage/blockage
- Hyperprolactinemia
- Pelvic adhesions
- Polycystic ovary syndrome (PCOS)
- Premature ovarian insufficiency
- Over-exercise
- Ovulation disorder
- Thyroid problems
- Tobacco use
- Uterine fibroid
- Weight related
- Other

Cause(s) of female infertility for fourth pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for fourth pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to fourth pregnancy

- Unknown
- None
- Assisted reproductive technology
- Fertility drugs
- Surgery

Type of assisted reproductive technologies used during fourth pregnancy

- Assisted hatching
- ICSI
- IVF
- Surgical sperm aspiration
- Other

Type of assisted reproductive technologies used during fourth pregnancy-other, specify

\_\_\_\_\_

Partner tested for patient's disorder during fourth pregnancy

- Unknown
- Yes-biochemical
- Yes-molecular
- No

Partner also affected by disorder during fourth pregnancy  Unknown  Yes  No

Preimplantation genetic diagnosis for disorder done for fourth pregnancy  Unknown  Yes  No

Prenatal testing done for fetus for this disorder for fourth pregnancy  Unknown  Yes  No

Type of prenatal testing performed for fourth pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for fourth pregnancy

- Unknown
- Amniocentesis
- Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for fourth pregnancy

- Unknown
- None
- Fetal echocardiogram
- Increased frequency prenatal ultrasounds
- Other

Patient Name \_\_\_\_\_

Date

Additional prenatal testing performed on fetus as a result of parent's disorder for fourth pregnancy-other, specify \_\_\_\_\_

Fourth pregnancy terminated  Unknown  Yes  No

Reason fourth pregnancy terminated

- Elective due to fetus affected with disorder
- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of fourth pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for fourth pregnancy \_\_\_\_\_

Prenatal care received during fourth pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during fourth pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during fourth pregnancy

- Unknown  Metabolic diet  Medications
- Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during fourth pregnancy-other, specify

Patient in good metabolic condition prior to fourth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of fourth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of fourth pregnancy

- Unknown  Pregnancy not sustained to second trimester
- Yes  No

Patient in good metabolic condition during third trimester of fourth pregnancy

- Unknown  Pregnancy not sustained to third trimester
- Yes  No

Number of outpatient metabolic visits for patient during fourth pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during fourth pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during fourth pregnancy

Patient Name _____
Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/>

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Complications during fourth pregnancy

- Unknown                                       Yes-related to disorder  
 Yes- not known to be related to disorder    No

Complications related to disorder during fourth pregnancy- specify

- Unknown  
 Acute fatty liver of pregnancy (AFLP)  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Mother affected with this condition  
 Other

Complications not known to be related to disorder during fourth pregnancy-specify

- Unknown  
 Advanced maternal age (35+ years of age)  
 Ectopic pregnancy  
 Gestational diabetes  
 Group B strep  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Inadequate prenatal care  
 Maternal prenatal substance exposure  
 Preeclampsia  
 Rh isoimmunization  
 Toxemia  
 Young maternal age (15 years of age + under)  
 Preterm labor  
 Other

Complications during fourth pregnancy-other, specify\_\_\_\_\_

Number of ED visits for complications during fourth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Number of hospitalizations for complications during fourth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Patient Name \_\_\_\_\_

Date    |    |   

Duration of longest inpatient hospitalization (in days) for any reason during fourth pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during fourth pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during fourth pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during fourth pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO <sub>2</sub> - Abn low           | <input type="checkbox"/> CO <sub>2</sub> - WNL               |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Other laboratory studies done on patient during fourth pregnancy: describe test(s) and result(s)

[Empty text box for laboratory studies]

Additional interventions required during fourth pregnancy due to this metabolic condition

- Unknown
- Hospitalizations for hyperemesis/IV fluids
- Tube feedings
- Home lab monitoring
- More intensive fetal monitoring
- Other
- ED visits for hyperemesis/IV fluids
- TPN
- Additional medications
- Increased frequency of lab monitoring
- Bedrest

Additional interventions required during fourth pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during fourth pregnancy\_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for fourth pregnancy

- Unknown
- Additional maternal lab monitoring
- Change in delivery site
- Letter to OB/MFM specialist
- Referral for high risk OB management
- None
- Altered anesthesia plan
- IV fluids
- Planned C-section
- Other

Additional interventions planned for labor/delivery related to patient's disorder for fourth pregnancy-other, specify

[Empty text box for additional interventions]

Actual interventions for labor/delivery related to patient's disorder for fourth pregnancy

- Unknown
- Letter to OB/MFM specialist
- Planned C-section
- Change in delivery site
- Altered anesthesia plan
- No
- IV fluids
- Additional maternal lab monitoring
- Referral for high risk OB management
- Other

Actual interventions for labor/delivery related to patient's disorder for fourth pregnancy-other, specify

[Empty text box for actual interventions]

Patient Name \_\_\_\_\_

Date

Acute health concerns experienced by the patient during delivery for fourth delivery

Abnormal patient lab results during fourth delivery

- Unknown                       None                       Normal labs during delivery
- Elevated CK                       Elevated liver function tests    Hyperammonemia
- Hypoglycemia                       Metabolic decompensation    Other

Abnormal patient lab results during fourth delivery-other, specify

Additional maternal interventions during or after fourth delivery related to this disorder

- Unknown                       Ammonul                       Blood/blood product transfusion
- Dialysis                       ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after fourth delivery related to this disorder-other, specify

Patient death during or shortly after fourth delivery    Unknown    Yes    No

Disorder contributed to death of mother during fourth delivery    Unknown    Yes    No

Weeks gestation at time of fourth delivery - round to nearest week\_\_\_\_\_

Method of fourth delivery

- Unknown                       Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- fourth delivery\_\_\_\_\_

Live delivery of fourth newborn    Unknown    Yes    No

Acute health concerns for fourth newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Patient Name \_\_\_\_\_

Date

Additional lab tests and results done on fourth newborn specifically due to maternal disorder history

Health concerns for fourth newborn not known to be related to disorder

Additional interventions for fourth newborn during or shortly after delivery (other than labs)

- Unknown  Blood/blood product transfusion
- Glucose infusion  Medications
- NICU/special care nursery monitoring  Resuscitation
- TPN  Other

Additional interventions for fourth newborn during or shortly after delivery-other, specify

Birth measurements for fourth newborn  Unknown  Head circumference  Length  Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units  cm  in

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

APGAR score at 1 minute for fourth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at one minute < 8 for fourth newborn

APGAR score at 5 minutes for fourth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Patient Name \_\_\_\_\_

Date      

Health concern(s) with APGAR score at five minutes &lt; 8 for fourth newborn

Length of fourth newborn's stay in the hospital after birth

- Unknown  <24 hours  
 24-28 hours  3-5 days  
 6-14 days  >14 days  
 N/A - baby was not born in a hospital  baby is still in the hospital

Routine newborn screening done for fourth newborn

- Unknown  Yes - normal for all screened disorders  
 Yes - abnormal  Yes - results pending  
 No

Describe abnormal newborn screen result for fourth newborn

Reason routine newborn screening was not done for fourth newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for fourth newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the fourth baby after birth to rule out the mother's disorder

- Unknown  Yes - biochemical normal  
 Yes - biochemical abnormal  Yes - molecular normal  
 Yes - molecular abnormal affected  Yes - molecular abnormal unaffected carrier  
 No

Patient Name \_\_\_\_\_

Date      

Additional studies and results (examples: brain MRI, echocardiogram) done on fourth newborn to assess for effects of maternal disorder

Fourth newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

Unknown                       Yes                       No

Abnormal newborn exam findings for fourth newborn

Unknown                       None                       Congenital heart disease  
 Dysmorphism                       Lethargy                       Microcephaly  
 Other congenital anomalies    Poor feeding                       Respiratory distress  
 Seizure(s)                       Small for gestational age    Other

Abnormal newborn exam findings for fourth newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for fourth newborn    Unknown    Yes    No

Newborn's death related to maternal disorder for fourth newborn    Unknown    Yes    No

Fourth newborn currently alive    Unknown    Yes    No

## **Fifth Pregnancy**

---

Patient's age at time of fifth pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before fifth pregnancy (in months)

Unknown    Unplanned    1                       2                       3                       4                       5  
 6                       7                       8                       9                       10                       11                       12  
 13-24                       25-36                       >36

History of infertility for fifth pregnancy

Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for fifth pregnancy

Unknown                       Male factor                       Female factor  
 Combined male-female factor

Cause(s) of male infertility for fifth pregnancy

Unknown                       Abnormal sperm production or function  
 Age                       Cancer/cancer treatment related  
 Environmental                       Problems with sperm delivery

Patient Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

- Tobacco use  Other

Cause(s) of male infertility for fifth pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for fifth pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Alcohol use                      | <input type="checkbox"/> Cancer/cancer treatment related |
| <input type="checkbox"/> Early menopause                  | <input type="checkbox"/> Fallopian tube damage/blockage  |
| <input type="checkbox"/> Hyperprolactinemia               | <input type="checkbox"/> Pelvic adhesions                |
| <input type="checkbox"/> Polycystic ovary syndrome (PCOS) | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Over-exercise                    | <input type="checkbox"/> Ovulation disorder              |
| <input type="checkbox"/> Thyroid problems                 | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Uterine fibroid                  | <input type="checkbox"/> Weight related                  |
| <input type="checkbox"/> Other                            |  |

Cause(s) of female infertility for fifth pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for fifth pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to fifth pregnancy

- Unknown  None  
 Assisted reproductive technology  Fertility drugs  
 Surgery

Type of assisted reproductive technologies used during fifth pregnancy

- Assisted hatching  ICSI  IVF  
 Surgical sperm aspiration  Other

Type of assisted reproductive technologies used during fifth pregnancy-other, specify

\_\_\_\_\_

Partner tested for patient's disorder during fifth pregnancy

- Unknown  Yes-biochemical  Yes-molecular  No

Partner also affected by disorder during fifth pregnancy  Unknown  Yes  No

Preimplantation genetic diagnosis for disorder done for fifth pregnancy  Unknown  Yes  No

Prenatal testing done for fetus for this disorder for fifth pregnancy  Unknown  Yes  No

Type of prenatal testing performed for fifth pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for fifth pregnancy

- Unknown  Amniocentesis  Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for fifth pregnancy

- Unknown  None  
 Fetal echocardiogram  Increased frequency prenatal ultrasounds

Patient Name \_\_\_\_\_

Date

Other

Additional prenatal testing performed on fetus as a result of parent's disorder for fifth pregnancy-other, specify \_\_\_\_\_

Fifth pregnancy terminated  Unknown  Yes  No

Reason fifth pregnancy terminated

- Elective due to fetus affected with disorder
- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of fifth pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for fifth pregnancy \_\_\_\_\_

Prenatal care received during fifth pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during fifth pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during fifth pregnancy

- Unknown  Metabolic diet  Medications
- Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during fifth pregnancy-other, specify

Patient in good metabolic condition prior to fifth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of fifth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of fifth pregnancy

- Unknown  Pregnancy not sustained to second trimester
- Yes  No

Patient in good metabolic condition during third trimester of fifth pregnancy

- Unknown  Pregnancy not sustained to third trimester
- Yes  No

Number of outpatient metabolic visits for patient during fifth pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during fifth pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Patient Name \_\_\_\_\_

Date      

Number of hospitalizations for management of disorder during fifth pregnancy

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Complications during fifth pregnancy

- Unknown                                       Yes-related to disorder  
 Yes- not known to be related to disorder    No

Complications related to disorder during fifth pregnancy- specify

- Unknown  
 Acute fatty liver of pregnancy (AFLP)  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Mother affected with this condition  
 Other

Complications not known to be related to disorder during fifth pregnancy-specify

- Unknown  
 Advanced maternal age (35+ years of age)  
 Ectopic pregnancy  
 Gestational diabetes  
 Group B strep  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Inadequate prenatal care  
 Maternal prenatal substance exposure  
 Preeclampsia  
 Rh isoimmunization  
 Toxemia  
 Young maternal age (15 years of age + under)  
 Preterm labor  
 Other

Complications during fifth pregnancy-other, specify \_\_\_\_\_

Number of ED visits for complications during fifth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Number of hospitalizations for complications during fifth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5

Patient Name \_\_\_\_\_

Date      

6     
  7     
  8     
  9     
  10     
  >10

Duration of longest inpatient hospitalization (in days) for any reason during fifth pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during fifth pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during fifth pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during fifth pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO2 - Abn low                       | <input type="checkbox"/> CO2 - WNL                           |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Patient Name \_\_\_\_\_

Date |||||

Other laboratory studies done on patient during fifth pregnancy: describe test(s) and result(s)

Additional interventions required during fifth pregnancy due to this metabolic condition

- Unknown ED visits for hyperemesis/IV fluids
- Hospitalizations for hyperemesis/IV fluids TPN
- Tube feedings Additional medications
- Home lab monitoring Increased frequency of lab monitoring
- More intensive fetal monitoring Bedrest
- Other

Additional interventions required during fifth pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during fifth pregnancy\_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for fifth pregnancy

- Unknown None
- Additional maternal lab monitoring Altered anesthesia plan
- Change in delivery site IV fluids
- Letter to OB/MFM specialist Planned C-section
- Referral for high risk OB management Other

Additional interventions planned for labor/delivery related to patient's disorder for fifth pregnancy-other, specify

Actual interventions for labor/delivery related to patient's disorder for fifth pregnancy

- Unknown No
- Letter to OB/MFM specialist IV fluids
- Planned C-section Additional maternal lab monitoring
- Change in delivery site Referral for high risk OB management
- Altered anesthesia plan Other

Actual interventions for labor/delivery related to patient's disorder for fifth pregnancy-other, specify

Patient Name \_\_\_\_\_

Date

Acute health concerns experienced by the patient during delivery for fifth delivery

Abnormal patient lab results during fifth delivery

- Unknown                       None                       Normal labs during delivery
- Elevated CK                       Elevated liver function tests    Hyperammonemia
- Hypoglycemia                       Metabolic decompensation    Other

Abnormal patient lab results during fifth delivery-other, specify

Additional maternal interventions during or after fifth delivery related to this disorder

- Unknown                       Ammonul                       Blood/blood product transfusion
- Dialysis                       ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after fifth delivery related to this disorder-other, specify

Patient death during or shortly after fifth delivery    Unknown    Yes    No

Disorder contributed to death of mother during fifth delivery    Unknown    Yes    No

Weeks gestation at time of fifth delivery - round to nearest week \_\_\_\_\_

Method of fifth delivery

- Unknown                       Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- fifth delivery \_\_\_\_\_

Live delivery of fifth newborn    Unknown    Yes    No

Acute health concerns for fifth newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Patient Name \_\_\_\_\_

Date

Additional lab tests and results done on fifth newborn specifically due to maternal disorder history

Health concerns for fifth newborn not known to be related to disorder

Additional interventions for fifth newborn during or shortly after delivery (other than labs)

- Unknown  Blood/blood product transfusion
- Glucose infusion  Medications
- NICU/special care nursery monitoring  Resuscitation
- TPN  Other

Additional interventions for fifth newborn during or shortly after delivery-other, specify

Birth measurements for fifth newborn  Unknown  Head circumference  Length  Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units  cm  in

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

APGAR score at 1 minute for fifth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at one minute < 8 for fifth newborn

APGAR score at 5 minutes for fifth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Health concern(s) with APGAR score at five minutes &lt; 8 for fifth newborn

Length of fifth newborn's stay in the hospital after birth

- Unknown                                       <24 hours  
 24-28 hours                                       3-5 days  
 6-14 days     >14 days  
 N/A - baby was not born in a hospital     baby is still in the hospital

Routine newborn screening done for fifth newborn

- Unknown     Yes - normal for all screened disorders  
 Yes - abnormal                                       Yes - results pending  
 No

Describe abnormal newborn screen result for fifth newborn

Reason routine newborn screening was not done for fifth newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for fifth newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the fifth baby after birth to rule out the mother's disorder

- Unknown     Yes - biochemical normal  
 Yes - biochemical abnormal                       Yes - molecular normal  
 Yes - molecular abnormal affected               Yes - molecular abnormal unaffected carrier  
 No

Patient Name \_\_\_\_\_

Date      

Additional studies and results (examples: brain MRI, echocardiogram) done on fifth newborn to assess for effects of maternal disorder

Fifth newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

Unknown  Yes  No

Abnormal newborn exam findings for fifth newborn

Unknown  None  Congenital heart disease  
 Dysmorphism  Lethargy  Microcephaly  
 Other congenital anomalies  Poor feeding  Respiratory distress  
 Seizure(s)  Small for gestational age  Other

Abnormal newborn exam findings for fifth newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for fifth newborn  Unknown  Yes  No

Newborn's death related to maternal disorder for fifth newborn  Unknown  Yes  No

Fifth newborn currently alive  Unknown  Yes  No

## Sixth Pregnancy

Patient's age at time of sixth pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before sixth pregnancy (in months)

Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for sixth pregnancy

Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for sixth pregnancy

Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for sixth pregnancy

Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Patient Name \_\_\_\_\_

Date      

Cause(s) of male infertility for sixth pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for sixth pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Alcohol use                      | <input type="checkbox"/> Cancer/cancer treatment related |
| <input type="checkbox"/> Early menopause                  | <input type="checkbox"/> Fallopian tube damage/blockage  |
| <input type="checkbox"/> Hyperprolactinemia               | <input type="checkbox"/> Pelvic adhesions                |
| <input type="checkbox"/> Polycystic ovary syndrome (PCOS) | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Over-exercise                    | <input type="checkbox"/> Ovulation disorder              |
| <input type="checkbox"/> Thyroid problems                 | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Uterine fibroid                  | <input type="checkbox"/> Weight related                  |
| <input type="checkbox"/> Other                            |  |

Cause(s) of female infertility for sixth pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for sixth pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to sixth pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> None            |
| <input type="checkbox"/> Assisted reproductive technology | <input type="checkbox"/> Fertility drugs |
| <input type="checkbox"/> Surgery                          |  |

Type of assisted reproductive technologies used during sixth pregnancy

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <input type="checkbox"/> Assisted hatching         | <input type="checkbox"/> ICSI  | <input type="checkbox"/> IVF |
| <input type="checkbox"/> Surgical sperm aspiration | <input type="checkbox"/> Other |                              |

Type of assisted reproductive technologies used during sixth pregnancy-other, specify

\_\_\_\_\_

Partner tested for patient's disorder during sixth pregnancy

- |                                  |  |  |                             |
|----------------------------------|--|--|-----------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes-biochemical | <input type="checkbox"/> Yes-molecular | <input type="checkbox"/> No |
|----------------------------------|--|--|-----------------------------|

Partner also affected by disorder during sixth pregnancy  Unknown  Yes  NoPreimplantation genetic diagnosis for disorder done for sixth pregnancy  Unknown  Yes  NoPrenatal testing done for fetus for this disorder for sixth pregnancy  Unknown  Yes  NoType of prenatal testing performed for sixth pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for sixth pregnancy

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> Chorionic villus sampling |
|----------------------------------|--|--|

Additional prenatal testing performed on fetus as a result of parent's disorder for sixth pregnancy

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Fetal echocardiogram | <input type="checkbox"/> Increased frequency prenatal ultrasounds |
| <input type="checkbox"/> Other                |   |

Patient Name _____
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Additional prenatal testing performed on fetus as a result of parent's disorder for sixth pregnancy-other, specify \_\_\_\_\_

Sixth pregnancy terminated Unknown Yes No

Reason sixth pregnancy terminated

- Elective due to fetus affected with disorder
- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of sixth pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for sixth pregnancy \_\_\_\_\_

Prenatal care received during sixth pregnancy Unknown Yes No

Weeks gestation prenatal care started during sixth pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during sixth pregnancy

- Unknown  Metabolic diet  Medications
- Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during sixth pregnancy-other, specify

Patient in good metabolic condition prior to sixth pregnancy Unknown Yes No

Patient in good metabolic condition during first trimester of sixth pregnancy Unknown Yes No

Patient in good metabolic condition during second trimester of sixth pregnancy

- Unknown  Pregnancy not sustained to second trimester
- Yes  No

Patient in good metabolic condition during third trimester of sixth pregnancy

- Unknown  Pregnancy not sustained to third trimester
- Yes  No

Number of outpatient metabolic visits for patient during sixth pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during sixth pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during sixth pregnancy

Patient Name _____
Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/>

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Complications during sixth pregnancy

- Unknown  Yes-related to disorder
- Yes- not known to be related to disorder  No

Complications related to disorder during sixth pregnancy- specify

- Unknown
- Acute fatty liver of pregnancy (AFLP)
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Mother affected with this condition
- Other

Complications not known to be related to disorder during sixth pregnancy-specify

- Unknown
- Advanced maternal age (35+ years of age)
- Ectopic pregnancy
- Gestational diabetes
- Group B strep
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Inadequate prenatal care
- Maternal prenatal substance exposure
- Preeclampsia
- Rh isoimmunization
- Toxemia
- Young maternal age (15 years of age + under)
- Preterm labor
- Other

Complications during sixth pregnancy-other, specify\_\_\_\_\_

Number of ED visits for complications during sixth pregnancy, unrelated to management of disorder

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Number of hospitalizations for complications during sixth pregnancy, unrelated to management of disorder

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Patient Name \_\_\_\_\_

Date      

Duration of longest inpatient hospitalization (in days) for any reason during sixth pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during sixth pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during sixth pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during sixth pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO <sub>2</sub> - Abn low           | <input type="checkbox"/> CO <sub>2</sub> - WNL               |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Patient Name \_\_\_\_\_

Date

Other laboratory studies done on patient during sixth pregnancy: describe test(s) and result(s)

Additional interventions required during sixth pregnancy due to this metabolic condition

- Unknown  ED visits for hyperemesis/IV fluids
- Hospitalizations for hyperemesis/IV fluids  TPN
- Tube feedings  Additional medications
- Home lab monitoring  Increased frequency of lab monitoring
- More intensive fetal monitoring  Bedrest
- Other

Additional interventions required during sixth pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during sixth pregnancy\_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for sixth pregnancy

- Unknown  None
- Additional maternal lab monitoring  Altered anesthesia plan
- Change in delivery site  IV fluids
- Letter to OB/MFM specialist  Planned C-section
- Referral for high risk OB management  Other

Additional interventions planned for labor/delivery related to patient's disorder for sixth pregnancy-other, specify

Actual interventions for labor/delivery related to patient's disorder for sixth pregnancy

- Unknown  No
- Letter to OB/MFM specialist  IV fluids
- Planned C-section  Additional maternal lab monitoring
- Change in delivery site  Referral for high risk OB management
- Altered anesthesia plan  Other

Actual interventions for labor/delivery related to patient's disorder for sixth pregnancy-other, specify

Patient Name \_\_\_\_\_

Date    |    |

Acute health concerns experienced by the patient during delivery for sixth delivery

Abnormal patient lab results during sixth delivery

- Unknown                       None                               Normal labs during delivery
- Elevated CK                       Elevated liver function tests    Hyperammonemia
- Hypoglycemia                       Metabolic decompensation    Other

Abnormal patient lab results during sixth delivery-other, specify

Additional maternal interventions during or after sixth delivery related to this disorder

- Unknown                       Ammonul                               Blood/blood product transfusion
- Dialysis                               ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after sixth delivery related to this disorder-other, specify

Patient death during or shortly after sixth delivery    Unknown    Yes    No

Disorder contributed to death of mother during sixth delivery    Unknown    Yes    No

Weeks gestation at time of sixth delivery - round to nearest week\_\_\_\_\_

Method of sixth delivery

- Unknown     Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- sixth delivery\_\_\_\_\_

Live delivery of sixth newborn    Unknown    Yes    No

Acute health concerns for sixth newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Patient Name \_\_\_\_\_

Date

Additional lab tests and results done on sixth newborn specifically due to maternal disorder history

Health concerns for sixth newborn not known to be related to disorder

Additional interventions for sixth newborn during or shortly after delivery (other than labs)

- Unknown  Blood/blood product transfusion
- Glucose infusion  Medications
- NICU/special care nursery monitoring  Resuscitation
- TPN  Other

Additional interventions for sixth newborn during or shortly after delivery-other, specify

Birth measurements for sixth newborn  Unknown  Head circumference  Length  Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units  cm  in

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

APGAR score at 1 minute for sixth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at one minute < 8 for sixth newborn

APGAR score at 5 minutes for sixth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Patient Name \_\_\_\_\_

Date |||||

Health concern(s) with APGAR score at five minutes &lt; 8 for sixth newborn

Length of sixth newborn's stay in the hospital after birth

- Unknown  <24 hours  
 24-28 hours  3-5 days  
 6-14 days  >14 days  
 N/A - baby was not born in a hospital  baby is still in the hospital

Routine newborn screening done for sixth newborn

- Unknown  Yes - normal for all screened disorders  
 Yes - abnormal  Yes - results pending  
 No

Describe abnormal newborn screen result for sixth newborn

Reason routine newborn screening was not done for sixth newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for sixth newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the sixth baby after birth to rule out the mother's disorder

- Unknown  Yes - biochemical normal  
 Yes - biochemical abnormal  Yes - molecular normal  
 Yes - molecular abnormal affected  Yes - molecular abnormal unaffected carrier  
 No

Patient Name \_\_\_\_\_

Date      

Additional studies and results (examples: brain MRI, echocardiogram) done on sixth newborn to assess for effects of maternal disorder

Sixth newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

Unknown  Yes  No

Abnormal newborn exam findings for sixth newborn

Unknown  None  Congenital heart disease  
 Dysmorphism  Lethargy  Microcephaly  
 Other congenital anomalies  Poor feeding  Respiratory distress  
 Seizure(s)  Small for gestational age  Other

Abnormal newborn exam findings for sixth newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for sixth newborn  Unknown  Yes  No

Newborn's death related to maternal disorder for sixth newborn  Unknown  Yes  No

Sixth newborn currently alive  Unknown  Yes  No

## Seventh Pregnancy

Patient's age at time of seventh pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before seventh pregnancy (in months)

Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for seventh pregnancy

Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for seventh pregnancy

Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for seventh pregnancy

Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Patient Name \_\_\_\_\_

Date      

Cause(s) of male infertility for seventh pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for seventh pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Alcohol use                      | <input type="checkbox"/> Cancer/cancer treatment related |
| <input type="checkbox"/> Early menopause                  | <input type="checkbox"/> Fallopian tube damage/blockage  |
| <input type="checkbox"/> Hyperprolactinemia               | <input type="checkbox"/> Pelvic adhesions                |
| <input type="checkbox"/> Polycystic ovary syndrome (PCOS) | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Over-exercise                    | <input type="checkbox"/> Ovulation disorder              |
| <input type="checkbox"/> Thyroid problems                 | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Uterine fibroid                  | <input type="checkbox"/> Weight related                  |
| <input type="checkbox"/> Other                            |  |

Cause(s) of female infertility for seventh pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for seventh pregnancy, combined male-female factor- specify

\_\_\_\_\_

Types of fertility treatment(s) received prior to seventh pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> None            |
| <input type="checkbox"/> Assisted reproductive technology | <input type="checkbox"/> Fertility drugs |
| <input type="checkbox"/> Surgery                          |  |

Type of assisted reproductive technologies used during seventh pregnancy

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <input type="checkbox"/> Assisted hatching         | <input type="checkbox"/> ICSI  | <input type="checkbox"/> IVF |
| <input type="checkbox"/> Surgical sperm aspiration | <input type="checkbox"/> Other |                              |

Type of assisted reproductive technologies used during seventh pregnancy-other, specify

\_\_\_\_\_

Partner tested for patient's disorder during seventh pregnancy

- |                                  |  |  |                             |
|----------------------------------|--|--|-----------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes-biochemical | <input type="checkbox"/> Yes-molecular | <input type="checkbox"/> No |
|----------------------------------|--|--|-----------------------------|

Partner also affected by disorder during seventh pregnancy  Unknown  Yes  NoPreimplantation genetic diagnosis for disorder done for seventh pregnancy  Unknown  Yes  NoPrenatal testing done for fetus for this disorder for seventh pregnancy  Unknown  Yes  NoType of prenatal testing performed for seventh pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for seventh pregnancy

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> Chorionic villus sampling |
|----------------------------------|--|--|

Additional prenatal testing performed on fetus as a result of parent's disorder for seventh pregnancy

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown              | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Fetal echocardiogram | <input type="checkbox"/> Increased frequency prenatal ultrasounds |
| <input type="checkbox"/> Other                |   |

Patient Name \_\_\_\_\_

Date      

Additional prenatal testing performed on fetus as a result of parent's disorder for seventh pregnancy-other, specify \_\_\_\_\_

Seventh pregnancy terminated  Unknown  Yes  No

Reason seventh pregnancy terminated

- Elective due to fetus affected with disorder  
 Elective due to other fetal well-being unrelated to disorder  
 Elective for other reason  
 Elective due to maternal well-being  
 Spontaneous

Gestational age (in weeks) at time of seventh pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for seventh pregnancy \_\_\_\_\_

Prenatal care received during seventh pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during seventh pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during seventh pregnancy

- Unknown  Metabolic diet  Medications  
 Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during seventh pregnancy-other, specify

Patient in good metabolic condition prior to seventh pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of seventh pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of seventh pregnancy

- Unknown  Pregnancy not sustained to second trimester  
 Yes  No

Patient in good metabolic condition during third trimester of seventh pregnancy

- Unknown  Pregnancy not sustained to third trimester  
 Yes  No

Number of outpatient metabolic visits for patient during seventh pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during seventh pregnancy

- Unknown  0  1  2  3  4  5  
 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during seventh pregnancy

Patient Name _____
Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/>

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Complications during seventh pregnancy

- Unknown                                       Yes-related to disorder  
 Yes- not known to be related to disorder    No

Complications related to disorder during seventh pregnancy- specify

- Unknown  
 Acute fatty liver of pregnancy (AFLP)  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Mother affected with this condition  
 Other

Complications not known to be related to disorder during seventh pregnancy-specify

- Unknown  
 Advanced maternal age (35+ years of age)  
 Ectopic pregnancy  
 Gestational diabetes  
 Group B strep  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Inadequate prenatal care  
 Maternal prenatal substance exposure  
 Preeclampsia  
 Rh isoimmunization  
 Toxemia  
 Young maternal age (15 years of age + under)  
 Preterm labor  
 Other

Complications during seventh pregnancy-other, specify\_\_\_\_\_

Number of ED visits for complications during seventh pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Number of hospitalizations for complications during seventh pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Patient Name \_\_\_\_\_

Date |||||

Duration of longest inpatient hospitalization (in days) for any reason during seventh pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during seventh pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during seventh pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during seventh pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO <sub>2</sub> - Abn low           | <input type="checkbox"/> CO <sub>2</sub> - WNL               |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Other laboratory studies done on patient during seventh pregnancy: describe test(s) and result(s)

[Empty text box for laboratory studies]

Additional interventions required during seventh pregnancy due to this metabolic condition

- Unknown
- Hospitalizations for hyperemesis/IV fluids
- Tube feedings
- Home lab monitoring
- More intensive fetal monitoring
- Other
- ED visits for hyperemesis/IV fluids
- TPN
- Additional medications
- Increased frequency of lab monitoring
- Bedrest

Additional interventions required during seventh pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during seventh pregnancy\_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for seventh pregnancy

- Unknown
- Additional maternal lab monitoring
- Change in delivery site
- Letter to OB/MFM specialist
- Referral for high risk OB management
- None
- Altered anesthesia plan
- IV fluids
- Planned C-section
- Other

Additional interventions planned for labor/delivery related to patient's disorder for seventh pregnancy-other, specify

[Empty text box for additional interventions]

Actual interventions for labor/delivery related to patient's disorder for seventh pregnancy

- Unknown
- Letter to OB/MFM specialist
- Planned C-section
- Change in delivery site
- Altered anesthesia plan
- No
- IV fluids
- Additional maternal lab monitoring
- Referral for high risk OB management
- Other

Actual interventions for labor/delivery related to patient's disorder for seventh pregnancy-other, specify

[Empty text box for actual interventions]

Patient Name \_\_\_\_\_

Date    |    |

Acute health concerns experienced by the patient during delivery for seventh delivery

Abnormal patient lab results during seventh delivery

- Unknown                       None                       Normal labs during delivery
- Elevated CK                       Elevated liver function tests    Hyperammonemia
- Hypoglycemia                       Metabolic decompensation    Other

Abnormal patient lab results during seventh delivery-other, specify

Additional maternal interventions during or after seventh delivery related to this disorder

- Unknown                       Ammonul                       Blood/blood product transfusion
- Dialysis                       ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after seventh delivery related to this disorder-other, specify

Patient death during or shortly after seventh delivery    Unknown    Yes    No

Disorder contributed to death of mother during seventh delivery    Unknown    Yes    No

Weeks gestation at time of seventh delivery - round to nearest week\_\_\_\_\_

Method of seventh delivery

- Unknown                       Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- seventh delivery\_\_\_\_\_

Live delivery of seventh newborn    Unknown    Yes    No

Acute health concerns for seventh newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Patient Name \_\_\_\_\_

Date

Additional lab tests and results done on seventh newborn specifically due to maternal disorder history

Health concerns for seventh newborn not known to be related to disorder

Additional interventions for seventh newborn during or shortly after delivery (other than labs)

- Unknown  Blood/blood product transfusion
- Glucose infusion  Medications
- NICU/special care nursery monitoring  Resuscitation
- TPN  Other

Additional interventions for seventh newborn during or shortly after delivery-other, specify

Birth measurements for seventh newborn  Unknown  Head circumference  Length  Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units  cm  in

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

APGAR score at 1 minute for seventh newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at one minute < 8 for seventh newborn

APGAR score at 5 minutes for seventh newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Patient Name \_\_\_\_\_

Date      

Health concern(s) with APGAR score at five minutes &lt; 8 for seventh newborn

Length of seventh newborn's stay in the hospital after birth

- Unknown  <24 hours  
 24-28 hours  3-5 days  
 6-14 days  >14 days  
 N/A - baby was not born in a hospital  baby is still in the hospital

Routine newborn screening done for seventh newborn

- Unknown  Yes - normal for all screened disorders  
 Yes - abnormal  Yes - results pending  
 No

Describe abnormal newborn screen result for seventh newborn

Reason routine newborn screening was not done for seventh newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for seventh newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the seventh baby after birth to rule out the mother's disorder

- Unknown  Yes - biochemical normal  
 Yes - biochemical abnormal  Yes - molecular normal  
 Yes - molecular abnormal affected  Yes - molecular abnormal unaffected carrier  
 No

Patient Name \_\_\_\_\_

Date      

Additional studies and results (examples: brain MRI, echocardiogram) done on seventh newborn to assess for effects of maternal disorder

Seventh newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

Unknown  Yes  No

Abnormal newborn exam findings for seventh newborn

Unknown  None  Congenital heart disease  
 Dysmorphism  Lethargy  Microcephaly  
 Other congenital anomalies  Poor feeding  Respiratory distress  
 Seizure(s)  Small for gestational age  Other

Abnormal newborn exam findings for seventh newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for seventh newborn  Unknown  Yes  No

Newborn's death related to maternal disorder for seventh newborn  Unknown  Yes  No

Seventh newborn currently alive  Unknown  Yes  No

## **Eighth Pregnancy**

---

Patient's age at time of eighth pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before eighth pregnancy (in months)

Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for eighth pregnancy

Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for eighth pregnancy

Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for eighth pregnancy

Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery

Patient Name \_\_\_\_\_

Date      

- Tobacco use  Other

Cause(s) of male infertility for eighth pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for eighth pregnancy

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Alcohol use                      | <input type="checkbox"/> Cancer/cancer treatment related |
| <input type="checkbox"/> Early menopause                  | <input type="checkbox"/> Fallopian tube damage/blockage  |
| <input type="checkbox"/> Hyperprolactinemia               | <input type="checkbox"/> Pelvic adhesions                |
| <input type="checkbox"/> Polycystic ovary syndrome (PCOS) | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Over-exercise                    | <input type="checkbox"/> Ovulation disorder              |
| <input type="checkbox"/> Thyroid problems                 | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Uterine fibroid                  | <input type="checkbox"/> Weight related                  |
| <input type="checkbox"/> Other                            |  |

Cause(s) of female infertility for eighth pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for eighth pregnancy, combined male-female factor- specify  
\_\_\_\_\_

Types of fertility treatment(s) received prior to eighth pregnancy

- Unknown  None  
 Assisted reproductive technology  Fertility drugs  
 Surgery

Type of assisted reproductive technologies used during eighth pregnancy

- Assisted hatching  ICSI  IVF  
 Surgical sperm aspiration  Other

Type of assisted reproductive technologies used during eighth pregnancy-other, specify  
\_\_\_\_\_

Partner tested for patient's disorder during eighth pregnancy

- Unknown  Yes-biochemical  Yes-molecular  No

Partner also affected by disorder during eighth pregnancy  Unknown  Yes  NoPreimplantation genetic diagnosis for disorder done for eighth pregnancy  Unknown  Yes  NoPrenatal testing done for fetus for this disorder for eighth pregnancy  Unknown  Yes  NoType of prenatal testing performed for eighth pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for eighth pregnancy

- Unknown  Amniocentesis  Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for eighth pregnancy

- Unknown  None  
 Fetal echocardiogram  Increased frequency prenatal ultrasounds

Patient Name \_\_\_\_\_

Date

Other

Additional prenatal testing performed on fetus as a result of parent's disorder for eighth pregnancy-other, specify \_\_\_\_\_

Eighth pregnancy terminated  Unknown  Yes  No

Reason eighth pregnancy terminated

- Elective due to fetus affected with disorder
- Elective due to other fetal well-being unrelated to disorder
- Elective for other reason
- Elective due to maternal well-being
- Spontaneous

Gestational age (in weeks) at time of eighth pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for eighth pregnancy \_\_\_\_\_

Prenatal care received during eighth pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during eighth pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during eighth pregnancy

- Unknown  Metabolic diet  Medications
- Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during eighth pregnancy-other, specify

Patient in good metabolic condition prior to eighth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of eighth pregnancy  Unknown  Yes  No

Patient in good metabolic condition during second trimester of eighth pregnancy

- Unknown  Pregnancy not sustained to second trimester
- Yes  No

Patient in good metabolic condition during third trimester of eighth pregnancy

- Unknown  Pregnancy not sustained to third trimester
- Yes  No

Number of outpatient metabolic visits for patient during eighth pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during eighth pregnancy

- Unknown  0  1  2  3  4  5
- 6  7  8  9  10  >10

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Number of hospitalizations for management of disorder during eighth pregnancy

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Complications during eighth pregnancy

- Unknown                                       Yes-related to disorder  
 Yes- not known to be related to disorder    No

Complications related to disorder during eighth pregnancy- specify

- Unknown  
 Acute fatty liver of pregnancy (AFLP)  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Mother affected with this condition  
 Other

Complications not known to be related to disorder during eighth pregnancy-specify

- Unknown  
 Advanced maternal age (35+ years of age)  
 Ectopic pregnancy  
 Gestational diabetes  
 Group B strep  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)  
 Inadequate prenatal care  
 Maternal prenatal substance exposure  
 Preeclampsia  
 Rh isoimmunization  
 Toxemia  
 Young maternal age (15 years of age + under)  
 Preterm labor  
 Other

Complications during eighth pregnancy-other, specify \_\_\_\_\_

Number of ED visits for complications during eighth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5  
 6       7       8       9       10       >10

Number of hospitalizations for complications during eighth pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5

Patient Name \_\_\_\_\_

Date      

6     
  7     
  8     
  9     
  10     
  >10

Duration of longest inpatient hospitalization (in days) for any reason during eighth pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during eighth pregnancy (specify metabolite, value, and units of measure)

Lowest value of primary metabolite of concern during eighth pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during eighth pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> CO2 - Abn low                       | <input type="checkbox"/> CO2 - WNL                           |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Patient Name \_\_\_\_\_

Date |M|M| |D|D| |Y|Y|

Other laboratory studies done on patient during eighth pregnancy: describe test(s) and result(s)

[Empty text box for laboratory studies]

Additional interventions required during eighth pregnancy due to this metabolic condition

- Unknown
- Hospitalizations for hyperemesis/IV fluids
- Tube feedings
- Home lab monitoring
- More intensive fetal monitoring
- Other
- ED visits for hyperemesis/IV fluids
- TPN
- Additional medications
- Increased frequency of lab monitoring
- Bedrest

Additional interventions required during eighth pregnancy due to this metabolic condition-other, specify

\_\_\_\_\_

Total maternal weight gain (in kg) during eighth pregnancy\_\_\_\_\_

Actual interventions for labor/delivery related to patient's disorder for eighth pregnancy

- Unknown
- Letter to OB/MFM specialist
- Planned C-section
- Change in delivery site
- Altered anesthesia plan
- No
- IV fluids
- Additional maternal lab monitoring
- Referral for high risk OB management
- Other

Actual interventions for labor/delivery related to patient's disorder for eighth pregnancy-other, specify

[Empty text box for additional interventions]

Acute health concerns experienced by the patient during delivery for eighth delivery

[Empty text box for acute health concerns]

Abnormal patient lab results during eighth delivery

- Unknown
- Elevated CK
- Hypoglycemia
- None
- Elevated liver function tests
- Metabolic decompensation
- Normal labs during delivery
- Hyperammonemia
- Other

Patient Name \_\_\_\_\_

Date

Abnormal patient lab results during eighth delivery-other, specify

Additional maternal interventions during or after eighth delivery related to this disorder

- Unknown                       Ammonul                       Blood/blood product transfusion
- Dialysis                       ICU monitoring                       Infusions
- Medications                       Resuscitation                       TPN
- Other

Additional maternal interventions during or after eighth delivery related to this disorder-other, specify

Patient death during or shortly after eighth delivery     Unknown     Yes     No

Disorder contributed to death of mother during eighth delivery     Unknown     Yes     No

Weeks gestation at time of eighth delivery - round to nearest week\_\_\_\_\_

Method of eighth delivery

- Unknown                                       Caesarean section (scheduled or non-urgent)
- Casesarean section (emergent)                       Vaginal

Maternal inpatient days post- eighth delivery\_\_\_\_\_

Live delivery of eighth newborn     Unknown     Yes     No

Acute health concerns for eighth newborn related to maternal disorder (example: fetal distress secondary to maternal acute metabolic decompensation)

Additional lab tests and results done on eighth newborn specifically due to maternal disorder history

Health concerns for eighth newborn not known to be related to disorder

Additional interventions for eighth newborn during or shortly after delivery (other than labs)

Patient Name \_\_\_\_\_

Date

- Unknown
- Blood/blood product transfusion
- Glucose infusion
- Medications
- NICU/special care nursery monitoring
- Resuscitation
- TPN
- Other

Additional interventions for eighth newborn during or shortly after delivery-other, specify

Birth measurements for eighth newborn  Unknown  Head circumference  Length  Weight

Birth head circumference \_\_\_\_\_

Birth head circumference units  cm  in

Birth length \_\_\_\_\_

Birth length units  cm  in

Birth weight \_\_\_\_\_

Birth weight units  lbs  kg  gm  oz

APGAR score at 1 minute for eighth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at one minute < 8 for eighth newborn

APGAR score at 5 minutes for eighth newborn

- Unknown
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Health concern(s) with APGAR score at five minutes < 8 for eighth newborn

Length of eighth newborn's stay in the hospital after birth

- Unknown
- <24 hours
- 24-28 hours
- 3-5 days
- 6-14 days
- >14 days
- N/A - baby was not born in a hospital
- baby is still in the hospital

Routine newborn screening done for eighth newborn

Patient Name \_\_\_\_\_

Date        

- Unknown  
 Yes - abnormal  
 No
- Yes - normal for all screened disorders  
 Yes - results pending

Describe abnormal newborn screen result for eighth newborn

Reason routine newborn screening was not done for eighth newborn

- Unknown  
 Died prior to collection of NBS  
 Refused  
 Transferred to another facility prior to NBS collection  
 Transfused prior to collection of NBS  
 Other

Reason routine newborn screening was not done for eighth newborn-other, specify

\_\_\_\_\_

Additional testing (beyond newborn screening) done for the eighth baby after birth to rule out the mother's disorder

- Unknown  
 Yes - biochemical normal  
 Yes - biochemical abnormal  
 Yes - molecular normal  
 Yes - molecular abnormal affected  
 Yes - molecular abnormal unaffected carrier  
 No

Additional studies and results (examples: brain MRI, echocardiogram) done on eighth newborn to assess for effects of maternal disorder

Eighth newborn examined by a genetics professional prior to or shortly after discharge from the birth hospital

- Unknown                       Yes                       No

Abnormal newborn exam findings for eighth newborn

- Unknown                       None                       Congenital heart disease  
 Dysmorphism                       Lethargy                       Microcephaly  
 Other congenital anomalies                       Poor feeding                       Respiratory distress  
 Seizure(s)                       Small for gestational age                       Other

Patient Name \_\_\_\_\_

Date      

Abnormal newborn exam findings for eighth newborn-other, specify \_\_\_\_\_

Newborn death at or shortly after delivery for eighth newborn  Unknown  Yes  NoNewborn's death related to maternal disorder for eighth newborn  Unknown  Yes  NoEighth newborn currently alive  Unknown  Yes  No**Current Pregnancy**Patient is pregnant  Unknown  Yes  No

Patient's age at time of current pregnancy (in years) \_\_\_\_\_

Length of time patient tried to become pregnant before current pregnancy (in months)

- Unknown  Unplanned  1  2  3  4  5  
 6  7  8  9  10  11  12  
 13-24  25-36  >36

History of infertility for current pregnancy

- Unknown  
 Yes- not known to be related to inborn error of metabolism  
 Yes-related to inborn error of metabolism  
 No

Cause(s) of infertility for current pregnancy

- Unknown  Male factor  Female factor  
 Combined male-female factor

Cause(s) of male infertility for current pregnancy

- Unknown  Abnormal sperm production or function  
 Age  Cancer/cancer treatment related  
 Environmental  Problems with sperm delivery  
 Tobacco use  Other

Cause(s) of male infertility for current pregnancy-other, specify \_\_\_\_\_

Cause(s) of female infertility for current pregnancy

- Unknown  Age  
 Alcohol use  Cancer/cancer treatment related  
 Early menopause  Fallopian tube damage/blockage  
 Hyperprolactinemia  Pelvic adhesions  
 Polycystic ovary syndrome (PCOS)  Premature ovarian insufficiency  
 Over-exercise  Ovulation disorder  
 Thyroid problems  Tobacco use  
 Uterine fibroid  Weight related  
 Other

Patient Name \_\_\_\_\_

Date      

Cause(s) of female infertility for current pregnancy-other, specify \_\_\_\_\_

Cause(s) of infertility for current pregnancy, combined male-female factor- specify  
\_\_\_\_\_

Types of fertility treatment(s) received prior to current pregnancy

- Unknown  None  
 Assisted reproductive technology  Fertility drugs  
 Surgery

Type of assisted reproductive technologies used during current pregnancy

- Assisted hatching  ICSI  IVF  
 Surgical sperm aspiration  Other

Type of assisted reproductive technologies used during current pregnancy-other, specify  
\_\_\_\_\_

Partner tested for patient's disorder during current pregnancy

- Unknown  Yes-biochemical  Yes-molecular  No

Partner also affected by disorder during current pregnancy  Unknown  Yes  NoPreimplantation genetic diagnosis for disorder done for current pregnancy  Unknown  Yes  NoPrenatal testing done for fetus for this disorder for current pregnancy  Unknown  Yes  NoType of prenatal testing performed for current pregnancy  Unknown  Biochemical  Molecular

Method of prenatal testing for current pregnancy

- Unknown  Amniocentesis  Chorionic villus sampling

Additional prenatal testing performed on fetus as a result of parent's disorder for current pregnancy

- Unknown  None  
 Fetal echocardiogram  Increased frequency prenatal ultrasounds  
 Other

Additional prenatal testing performed on fetus as a result of parent's disorder for current pregnancy-other, specify \_\_\_\_\_

Current pregnancy terminated  Unknown  Yes  No

Reason current pregnancy terminated

- Elective due to fetus affected with disorder  
 Elective due to other fetal well-being unrelated to disorder  
 Elective for other reason  
 Elective due to maternal well-being  
 Spontaneous

Gestational age (in weeks) at time of current pregnancy termination - elective or spontaneous (round to the nearest week) \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      

Amount of difference in weeks gestation between the estimated date of delivery by date and by most recent ultrasound for current pregnancy \_\_\_\_\_

Prenatal care received during current pregnancy  Unknown  Yes  No

Weeks gestation prenatal care started during current pregnancy \_\_\_\_\_

Treatment prescribed for patient's disorder during current pregnancy

- Unknown  Metabolic diet  Medications  
 Biochemical lab monitoring  Avoidance of fasting  Other

Treatment prescribed for patient's disorder during current pregnancy-other, specify

Patient in good metabolic condition prior to current pregnancy  Unknown  Yes  No

Patient in good metabolic condition during first trimester of current pregnancy

- Unknown  Yes  No

Patient in good metabolic condition during second trimester of current pregnancy

- Unknown  Pregnancy not sustained to second trimester  
 Yes  No

Patient in good metabolic condition during third trimester of current pregnancy

- Unknown  Pregnancy not sustained to third trimester  
 Yes  No

Number of outpatient metabolic visits for patient during current pregnancy \_\_\_\_\_

Number of ED visits for management of disorder during current pregnancy

- Unknown  0  1  2  3  4  5  
 6  7  8  9  10  >10

Number of hospitalizations for management of disorder during current pregnancy

- Unknown  0  1  2  3  4  5  
 6  7  8  9  10  >10

Complications during current pregnancy

- Unknown  Yes-related to disorder  
 Yes- not known to be related to disorder  No

Complications related to disorder during current pregnancy- specify

- Unknown  
 Acute fatty liver of pregnancy (AFLP)  
 Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)  
 Intrauterine growth restriction (AUGR)

Patient Name _____ Date <input type="text" value="M"/> <input type="text" value="M"/>   <input type="text" value="D"/> <input type="text" value="D"/>   <input type="text" value="Y"/> <input type="text" value="Y"/>
--

- Mother affected with this condition
- Other

Complications not known to be related to disorder during current pregnancy-specify

- Unknown
- Advanced maternal age (35+ years of age)
- Ectopic pregnancy
- Gestational diabetes
- Group B strep
- Hemolysis, Elevated liver enzymes, Low platelet count (HELLP Syndrome)
- Intrauterine growth restriction (AUGR)
- Inadequate prenatal care
- Maternal prenatal substance exposure
- Preeclampsia
- Rh isoimmunization
- Toxemia
- Young maternal age (15 years of age + under)
- Preterm labor
- Other

Complications during current pregnancy-other, specify \_\_\_\_\_

Number of ED visits for complications during current pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5
- 6       7       8       9       10       >10

Number of hospitalizations for complications during current pregnancy, unrelated to management of disorder

- Unknown  0       1       2       3       4       5
- 6       7       8       9       10       >10

Duration of longest inpatient hospitalization (in days) for any reason during current pregnancy \_\_\_\_\_

Highest value of primary metabolite of concern during current pregnancy (specify metabolite, value, and units of measure)

Patient Name \_\_\_\_\_

Date      

Lowest value of primary metabolite of concern during current pregnancy (specify metabolite, value, and units of measure)

Laboratory studies done on patient during current pregnancy

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Ammonia - Abn high                  |
| <input type="checkbox"/> Ammonia - WNL                       | <input type="checkbox"/> Blood glucose - Abn low             |
| <input type="checkbox"/> Blood glucose - WNL                 | <input type="checkbox"/> Blood Glucose - Abn high            |
| <input type="checkbox"/> BNP - Abn high                      | <input type="checkbox"/> BNP - WNL                           |
| <input type="checkbox"/> CBC - Abn                           | <input type="checkbox"/> CBC - WNL                           |
| <input type="checkbox"/> C02 - Abn low                       | <input type="checkbox"/> C02 - WNL                           |
| <input type="checkbox"/> CK - Abn high                       | <input type="checkbox"/> CK - WNL                            |
| <input type="checkbox"/> Glucose Tolerance Test (oral) - Abn | <input type="checkbox"/> Glucose Tolerance Test (oral) - WNL |
| <input type="checkbox"/> INR - Abn                           | <input type="checkbox"/> INR - WNL                           |
| <input type="checkbox"/> Liver function tests - Abn high     | <input type="checkbox"/> Liver function tests - WNL          |
| <input type="checkbox"/> Plasma acylcarnitine profile - Abn  | <input type="checkbox"/> Plasma acylcarnitine profile - WNL  |
| <input type="checkbox"/> Plasma amino acids - Abn            | <input type="checkbox"/> Plasma amino acids - WNL            |
| <input type="checkbox"/> Plasma carnitine levels - Abn       | <input type="checkbox"/> Plasma carnitine levels - WNL       |
| <input type="checkbox"/> Prealbumin - Abn low                | <input type="checkbox"/> Prealbumin - WNL                    |
| <input type="checkbox"/> Transferrin - Abn                   | <input type="checkbox"/> Transferrin - WNL                   |
| <input type="checkbox"/> Urine acylcarnitines - Abn          | <input type="checkbox"/> Urine acylcarnitines - WNL          |
| <input type="checkbox"/> Urine acylglycines - Abn            | <input type="checkbox"/> Urine acylglycines - WNL            |
| <input type="checkbox"/> Urine ketones - Abn high            | <input type="checkbox"/> Urine ketones - WNL                 |
| <input type="checkbox"/> Urine organic acids - Abn           | <input type="checkbox"/> Urine organic acids - WNL           |
| <input type="checkbox"/> Other                               |  |

Other laboratory studies done on patient during current pregnancy: describe test(s) and result(s)

Additional interventions required during current pregnancy due to this metabolic condition

- |   |  |
|---|--|
| <input type="checkbox"/> Unknown                                    | <input type="checkbox"/> ED visits for hyperemesis/IV fluids   |
| <input type="checkbox"/> Hospitalizations for hyperemesis/IV fluids | <input type="checkbox"/> TPN                                   |
| <input type="checkbox"/> Tube feedings                              | <input type="checkbox"/> Additional medications                |
| <input type="checkbox"/> Home lab monitoring                        | <input type="checkbox"/> Increased frequency of lab monitoring |

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

- More intensive fetal monitoring
- Bedrest
- Other

Additional interventions required during current pregnancy due to this metabolic condition-other, specify \_\_\_\_\_

Total maternal weight gain to date (in kg) during current pregnancy \_\_\_\_\_

Additional interventions planned for labor/delivery related to patient's disorder for current pregnancy

- Unknown
- None
- Additional maternal lab monitoring
- Altered anesthesia plan
- Change in delivery site
- IV fluids
- Letter to OB/MFM specialist
- Planned C-section
- Referral for high risk OB management
- Other

Additional interventions planned for labor/delivery related to patient's disorder for current pregnancy-other, specify

## Comments

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Pregnancy comments

Patient Name \_\_\_\_\_

Date      ***Cbl-C,D - Dialysis***

Number of different episodes during which dialysis (any type) was used

 1     2     3     4     5     6     7     8     9     10     >10
**First Dialysis Treatment**

Type(s) of dialysis received during first episode

- Unknown             APD/CCPD             ECMO             CAPD  
 CVVH             CVVD             CVVHDF             Hemodialysis  
 Peritoneal dialysis

Reason for first episode of dialysis

- Unknown             Hyperammonemia     MSUD             Organ failure             Sepsis  
 Other

Reason for first episode of dialysis-other, specify

Start date of first episode of dialysis treatment      

Duration (in days) of first episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during first episode of dialysis

- Unknown             None             Ammonia             Blood urea nitrogen  
 Plasma alloisoleucine     Plasma isoleucine     Plasma leucine             Plasma valine  
 Serum creatinine             Other

Metabolite(s) of concern during first episode of dialysis-other,specify \_\_\_\_\_

Peak value of ammonia during first episode of dialysis \_\_\_\_\_

Peak value of ammonia during first episode of dialysis units

 umol/L             ug/dL             ug/L             ug/mL             g/dL

Peak value of blood urea nitrogen during first episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during first episode of dialysis units     mg/dL     mmol/L

Peak value of plasma alloisoleucine during first episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during first episode of dialysis units

 umol/dL             umol/L             mg/dL

Peak value of plasma isoleucine during first episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during first episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of plasma leucine during first episode of dialysis \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      Peak value of plasma leucine during first episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma valine during first episode of dialysis \_\_\_\_\_

Peak value of plasma valine during first episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of serum creatinine during first episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during first episode of dialysis units  umol/L  mg/dL

Peak value of other metabolite during first episode of dialysis \_\_\_\_\_

Peak value of other metabolite during first episode of dialysis units \_\_\_\_\_

Reason first episode of dialysis treatment was stopped

 Unknown  Acute episode resolved  Treatment withdrawn  Death Other

Reason first episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

**Second Dialysis Treatment**

Type(s) of dialysis received during second episode

 Unknown APD/CCPD ECMO CAPD CVVH CVVD CVVHDF Hemodialysis Peritoneal dialysis

Reason for second episode of dialysis

 Unknown Hyperammonemia MSUD Organ failure Sepsis Other

Reason for second episode of dialysis-other, specify

Start date of second episode of dialysis treatment      

Duration (in days) of second episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during second episode of dialysis

 Unknown None Ammonia Blood urea nitrogen Plasma alloisoleucine Plasma isoleucine Plasma leucine Plasma valine Serum creatinine Other

Metabolite(s) of concern during second episode of dialysis- other, specify \_\_\_\_\_

Peak value of ammonia during second episode of dialysis \_\_\_\_\_

Peak value of ammonia during second episode of dialysis units

 umol/L ug/dL ug/L ug/mL g/dL

Peak value of blood urea nitrogen during second episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during second episode of dialysis units  mg/dL  mmol/L

Patient Name _____
Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Peak value of plasma alloisoleucine during second episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during second episode of dialysis units

- umol/dL
- umol/L
- mg/dL

Peak value of plasma isoleucine during second episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during second episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma leucine during second episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during second episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma valine during second episode of dialysis \_\_\_\_\_

Peak value of plasma valine during second episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of serum creatinine during second episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during second episode of dialysis units  umol/L  mg/dL

Peak value of other metabolite during second episode of dialysis \_\_\_\_\_

Peak value of other metabolite during second episode of dialysis units \_\_\_\_\_

Reason second episode of dialysis treatment was stopped

- Unknown
- Acute episode resolved
- Treatment withdrawn
- Death
- Other

Reason second episode of dialysis treatment was stopped-other,specify \_\_\_\_\_

### Third Dialysis Treatment

Type(s) of dialysis received during third episode

- Unknown
- APD/CCPD
- ECMO
- CAPD
- CVVH
- CVVD
- CVVHDF
- Hemodialysis
- Peritoneal dialysis

Reason for third episode of dialysis

- Unknown
- Hyperammonemia
- MSUD
- Organ failure
- Sepsis
- Other

Reason for third episode of dialysis-other, specify

Start date of third episode of dialysis treatment

Duration (in days) of third episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during third episode of dialysis

- Unknown
- None
- Ammonia
- Blood urea nitrogen
- Plasma alloisoleucine
- Plasma isoleucine
- Plasma leucine
- Plasma valine
- Serum creatinine
- Other

Patient Name \_\_\_\_\_

Date      

Metabolite(s) of concern during third episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during third episode of dialysis \_\_\_\_\_

Peak value of ammonia during third episode of dialysis units

 umol/L       ug/dL       ug/L       ug/mL       g/dL

Peak value of blood urea nitrogen during third episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during third episode of dialysis units     mg/dL     mmol/L

Peak value of plasma alloisoleucine during third episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during third episode of dialysis units

 umol/dL                       umol/L                       mg/dL

Peak value of plasma isoleucine during third episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during third episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of plasma leucine during third episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during third episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of plasma valine during third episode of dialysis \_\_\_\_\_

Peak value of plasma valine during third episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of serum creatinine during third episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during third episode of dialysis units     umol/L     mg/dL

Peak value of other metabolite during third episode of dialysis \_\_\_\_\_

Peak value of other metabolite during third episode of dialysis units \_\_\_\_\_

Reason third episode of dialysis treatment was stopped

- Unknown                       Acute episode resolved     Treatment withdrawn     Death  
 Other

Reason third episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

### Fourth Dialysis Treatment

Type(s) of dialysis received during fourth episode

- Unknown                       APD/CCPD                       ECMO                       CAPD  
 CVVH                       CVVD                       CVVHDF                       Hemodialysis  
 Peritoneal dialysis

Reason for fourth episode of dialysis

- Unknown                       Hyperammonemia     MSUD                       Organ failure                       Sepsis  
 Other

Reason for fourth episode of dialysis-other, specify

Patient Name \_\_\_\_\_

Date        Start date of fourth episode of dialysis treatment      

Duration (in days) of fourth episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during fourth episode of dialysis

- Unknown                       None                       Ammonia                       Blood urea nitrogen  
 Plasma alloisoleucine    Plasma isoleucine         Plasma leucine               Plasma valine  
 Serum creatinine         Other

Metabolite(s) of concern during fourth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during fourth episode of dialysis \_\_\_\_\_

Peak value of ammonia during fourth episode of dialysis units

- umol/L                       ug/dL                       ug/L                       ug/mL                       g/dL

Peak value of blood urea nitrogen during fourth episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during fourth episode of dialysis units    mg/dL    mmol/L

Peak value of plasma alloisoleucine during fourth episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during fourth episode of dialysis units

- umol/dL                       umol/L                       mg/dL

Peak value of plasma isoleucine during fourth episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during fourth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma leucine during fourth episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during fourth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma valine during fourth episode of dialysis \_\_\_\_\_

Peak value of plasma valine during fourth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of serum creatinine during fourth episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during fourth episode of dialysis units    umol/L    mg/dL

Peak value of other metabolite during fourth episode of dialysis \_\_\_\_\_

Peak value of other metabolite during fourth episode of dialysis units \_\_\_\_\_

Reason fourth episode of dialysis treatment was stopped

- Unknown                       Acute episode resolved    Treatment withdrawn    Death  
 Other

Reason fourth episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

## Fifth Dialysis Treatment

---

Type(s) of dialysis received during fifth episode

- Unknown                       APD/CCPD                       ECMO                       CAPD  
 CVVH                       CVVD                       CVVHDF                       Hemodialysis  
 Peritoneal dialysis

Reason for fifth episode of dialysis

Patient Name \_\_\_\_\_

Date

- Unknown       Hyperammonemia     MSUD                       Organ failure             Sepsis
- Other

Reason for fifth episode of dialysis-other, specify

Start date of fifth episode of dialysis treatment

Duration (in days) of fifth episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during fifth episode of dialysis

- Unknown                       None                       Ammonia                       Blood urea nitrogen
- Plasma alloisoleucine     Plasma isoleucine         Plasma leucine               Plasma valine
- Serum creatinine           Other

Metabolite(s) of concern during fifth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during fifth episode of dialysis \_\_\_\_\_

Peak value of ammonia during fifth episode of dialysis units

- umol/L                       ug/dL                       ug/L                       ug/mL                       g/dL

Peak value of blood urea nitrogen during fifth episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during fifth episode of dialysis units     mg/dL     mmol/L

Peak value of plasma alloisoleucine during fifth episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during fifth episode of dialysis units

- umol/dL                       umol/L                       mg/dL

Peak value of plasma isoleucine during fifth episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during fifth episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of plasma leucine during fifth episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during fifth episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of plasma valine during fifth episode of dialysis \_\_\_\_\_

Peak value of plasma valine during fifth episode of dialysis units     umol/dL     umol/L     mg/dL

Peak value of serum creatinine during fifth episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during fifth episode of dialysis units     umol/L     mg/dL

Peak value of other metabolite during fifth episode of dialysis \_\_\_\_\_

Peak value of other metabolite during fifth episode of dialysis units \_\_\_\_\_

Reason fifth episode of dialysis treatment was stopped

- Unknown                       Acute episode resolved     Treatment withdrawn     Death
- Other

Reason fifth episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      **Sixth Dialysis Treatment**

Type(s) of dialysis received during sixth episode

- Unknown       APD/CCPD       ECMO       CAPD  
 CVVH       CVVD       CVVHDF       Hemodialysis  
 Peritoneal dialysis

Reason for sixth episode of dialysis

- Unknown       Hyperammonemia       MSUD       Organ failure       Sepsis  
 Other

Reason for sixth episode of dialysis-other, specify

Start date of sixth episode dialysis treatment      

Duration (in days) of sixth episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during sixth episode of dialysis

- Unknown       None       Ammonia       Blood urea nitrogen  
 Plasma alloisoleucine       Plasma isoleucine       Plasma leucine       Plasma valine  
 Serum creatinine       Other

Metabolite(s) of concern during sixth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during sixth episode of dialysis \_\_\_\_\_

Peak value of ammonia during sixth episode of dialysis units

- umol/L       ug/dL       ug/L       ug/mL       g/dL

Peak value of blood urea nitrogen during sixth episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during sixth episode of dialysis units  mg/dL  mmol/L

Peak value of plasma alloisoleucine during sixth episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during sixth episode of dialysis units

- umol/dL       umol/L       mg/dL

Peak value of plasma isoleucine during sixth episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during sixth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma leucine during sixth episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during sixth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma valine during sixth episode of dialysis \_\_\_\_\_

Peak value of plasma valine during sixth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of serum creatinine during sixth episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during sixth episode of dialysis units  umol/L  mg/dL

Patient Name \_\_\_\_\_

Date    |    |

Peak value of other metabolite during sixth episode of dialysis \_\_\_\_\_

Peak value of other metabolite during sixth episode of dialysis units \_\_\_\_\_

Reason sixth episode of dialysis treatment was stopped

- Unknown                       Acute episode resolved  Treatment withdrawn     Death
- Other

Reason sixth episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

### Seventh Dialysis Treatment

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Type(s) of dialysis received during seventh episode

- Unknown                       APD/CCPD                       ECMO                               CAPD
- CVVH                               CVVD                               CVVHDF                           Hemodialysis
- Peritoneal dialysis

Reason for seventh episode of dialysis

- Unknown                       Hyperammonemia     MSUD                               Organ failure                       Sepsis
- Other

Reason for seventh episode of dialysis -other, specify

Start date of seventh episode of dialysis treatment    |    |

Duration (in days) of seventh episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during seventh episode of dialysis

- Unknown                       None                               Ammonia                           Blood urea nitrogen
- Plasma alloisoleucine     Plasma isoleucine               Plasma leucine                   Plasma valine
- Serum creatinine               Other

Metabolite(s) of concern during seventh episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during seventh episode of dialysis \_\_\_\_\_

Peak value of ammonia during seventh episode of dialysis units

- umol/L                       ug/dL                               ug/L                               ug/mL                               g/dL

Peak value of blood urea nitrogen during seventh episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during seventh episode of dialysis units     mg/dL     mmol/L

Peak value of plasma alloisoleucine during seventh episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during seventh episode of dialysis units

- umol/dL                               umol/L                               mg/dL

Peak value of plasma isoleucine during seventh episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during seventh episode of dialysis units

Patient Name \_\_\_\_\_

Date       umol/dL umol/L mg/dL

Peak value of plasma leucine during seventh episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during seventh episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma valine during seventh episode of dialysis \_\_\_\_\_

Peak value of plasma valine during seventh episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of serum creatinine during seventh episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during seventh episode of dialysis units  umol/L  mg/dL

Peak value of other metabolite during seventh episode of dialysis \_\_\_\_\_

Peak value of other metabolite during seventh episode of dialysis units \_\_\_\_\_

Reason seventh episode of dialysis treatment was stopped

 Unknown Acute episode resolved  Treatment withdrawn  Death Other

Reason seventh episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

**Eighth Dialysis Treatment**

Type(s) of dialysis received during eighth episode

 Unknown APD/CCPD ECMO CAPD CVVH CVVD CVVHDF Hemodialysis Peritoneal dialysis

Reason for eighth episode of dialysis

 Unknown Hyperammonemia  MSUD Organ failure Sepsis Other

Reason for eighth episode of dialysis-other, specify

Start date of eighth episode of dialysis treatment      

Duration (in days) of eighth episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during eighth episode of dialysis

 Unknown None Ammonia Blood urea nitrogen Plasma alloisoleucine Plasma isoleucine Plasma leucine Plasma valine Serum creatinine Other

Metabolite(s) of concern during eighth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during eighth episode of dialysis \_\_\_\_\_

Peak value of ammonia during eighth episode of dialysis units

 umol/L ug/dL ug/L ug/mL g/dL

Patient Name _____
Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/>

Peak value of blood urea nitrogen during eighth episode of dialysis\_\_\_\_\_

Peak value of blood urea nitrogen during eighth episode of dialysis units  mg/dL  mmol/L

Peak value of plasma alloisoleucine during eighth episode of dialysis\_\_\_\_\_

Peak value of plasma alloisoleucine during eighth episode of dialysis units

umol/dL  umol/L  mg/dL

Peak value of plasma isoleucine during eighth episode of dialysis\_\_\_\_\_

Peak value of plasma isoleucine during eighth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma leucine during eighth episode of dialysis\_\_\_\_\_

Peak value of plasma leucine during eighth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of plasma valine during eighth episode of dialysis\_\_\_\_\_

Peak value of plasma valine during eighth episode of dialysis units  umol/dL  umol/L  mg/dL

Peak value of serum creatinine during eighth episode of dialysis\_\_\_\_\_

Peak value of serum creatinine during eighth episode of dialysis units  umol/L  mg/dL

Peak value of other metabolite during eighth episode of dialysis\_\_\_\_\_

Peak value of other metabolite during eighth episode of dialysis units\_\_\_\_\_

Reason eighth episode of dialysis treatment was stopped

- Unknown  Acute episode resolved  Treatment withdrawn  Death
- Other

Reason eighth episode of dialysis treatment was stopped-other, specify\_\_\_\_\_

### Ninth Dialysis Treatment

Type(s) of dialysis received during ninth episode

- Unknown  APD/CCPD  ECMO  CAPD
- CVVH  CVVD  CVVHDF  Hemodialysis
- Peritoneal dialysis

Reason for ninth episode of dialysis

- Unknown  Hyperammonemia  MSUD  Organ failure  Sepsis
- Other

Reason for ninth episode of dialysis-other, specify

Start date of ninth episode of dialysis treatment

Duration (in days) of ninth episode of dialysis treatment\_\_\_\_\_

Metabolite(s) of concern during ninth episode of dialysis

- Unknown  None  Ammonia  Blood urea nitrogen

Patient Name \_\_\_\_\_

Date       Plasma alloisoleucine    Plasma isoleucine    Plasma leucine    Plasma valine Serum creatinine    Other

Metabolite(s) of concern during ninth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during ninth episode of dialysis \_\_\_\_\_

Peak value of ammonia during ninth episode of dialysis units

 umol/L    ug/dL    ug/L    ug/mL    g/dL

Peak value of blood urea nitrogen during ninth episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during ninth episode of dialysis units    mg/dL    mmol/L

Peak value of plasma alloisoleucine during ninth episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during ninth episode of dialysis units

 umol/dL    umol/L    mg/dL

Peak value of plasma isoleucine during ninth episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during ninth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma leucine during ninth episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during ninth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma valine during ninth episode of dialysis \_\_\_\_\_

Peak value of plasma valine during ninth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of serum creatinine during ninth episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during ninth episode of dialysis units    umol/L    mg/dL

Peak value of other metabolite during ninth episode of dialysis \_\_\_\_\_

Peak value of other metabolite during ninth episode of dialysis units \_\_\_\_\_

Reason ninth episode of dialysis treatment was stopped

 Unknown    Acute episode resolved    Treatment withdrawn    Death Other

Reason ninth episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

**Tenth Dialysis Treatment**

Type(s) of dialysis received during tenth episode

 Unknown    APD/CCPD    ECMO    CAPD CVVH    CVVD    CVVHDF    Hemodialysis Peritoneal dialysis

Reason for tenth episode of dialysis

 Unknown    Hyperammonemia    MSUD    Organ failure    Sepsis Other

Patient Name \_\_\_\_\_

Date

Reason for tenth episode of dialysis-other, specify

Start date of tenth episode of dialysis treatment

Duration (in days) of tenth episode of dialysis treatment \_\_\_\_\_

Metabolite(s) of concern during tenth episode of dialysis

- Unknown                       None                       Ammonia                       Blood urea nitrogen
- Plasma alloisoleucine    Plasma isoleucine         Plasma leucine               Plasma valine
- Serum creatinine         Other

Metabolite(s) of concern during tenth episode of dialysis-other, specify \_\_\_\_\_

Peak value of ammonia during tenth episode of dialysis \_\_\_\_\_

Peak value of ammonia during tenth episode of dialysis units

- umol/L                       ug/dL                       ug/L                       ug/mL                       g/dL

Peak value of blood urea nitrogen during tenth episode of dialysis \_\_\_\_\_

Peak value of blood urea nitrogen during tenth episode of dialysis units    mg/dL    mmol/L

Peak value of plasma alloisoleucine during tenth episode of dialysis \_\_\_\_\_

Peak value of plasma alloisoleucine during tenth episode of dialysis units

- umol/dL                       umol/L                       mg/dL

Peak value of plasma isoleucine during tenth episode of dialysis \_\_\_\_\_

Peak value of plasma isoleucine during tenth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma leucine during tenth episode of dialysis \_\_\_\_\_

Peak value of plasma leucine during tenth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of plasma valine during tenth episode of dialysis \_\_\_\_\_

Peak value of plasma valine during tenth episode of dialysis units    umol/dL    umol/L    mg/dL

Peak value of serum creatinine during tenth episode of dialysis \_\_\_\_\_

Peak value of serum creatinine during tenth episode of dialysis units    umol/L    mg/dL

Peak value of other metabolite during tenth episode of dialysis \_\_\_\_\_

Peak value of other metabolite during tenth episode of dialysis units \_\_\_\_\_

Reason tenth episode of dialysis treatment was stopped

- Unknown                       Acute episode resolved    Treatment withdrawn     Death
- Other

Reason tenth episode of dialysis treatment was stopped-other, specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date

If >10 dialysis treatments, for each episode: enter start date, duration (days), and reason for stopping dialysis

**Comments**

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Dialysis comments

Patient Name \_\_\_\_\_

Date      ***Cbl-C,D - Transplant***Number of organ transplants received  1  2  3  4  5  >5**First Transplant**

First organ received by transplant

- Unknown     Bone marrow     Heart     Kidney     Liver     Lung  
 Pancreas     Stem Cell     Other

First organ received by transplant, other- specify \_\_\_\_\_

Age (in days) at first transplant \_\_\_\_\_

Reason for first transplant

- Unknown     Treatment of disorder     Renal failure     Liver failure  
 Heart failure     Other

Reason for first transplant, other- specify \_\_\_\_\_

Patient followed by Metabolism on an outpatient basis post first transplant  Unknown  Yes  No

Number of outpatient metabolic visits in the last year post first transplant

- 1     2     3     4     5     6     7     8     9     10     >10

Metabolic labs monitored post first transplant  Unknown  Yes  No

Metabolic lab monitoring post first transplant: Note date(s), test(s), and normal or abnormal result(s)

Known complications during the first transplant procedure  Unknown  Yes  No

Known complications during the first transplant procedure- specify

- Clotting     Death     Major bleeding     Other

Known complications during the first transplant procedure, other- specify \_\_\_\_\_

Known complications post first transplant  Unknown  Yes  No

Known complications post first transplant- specify

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown                       | <input type="checkbox"/> Cancer                         |
| <input type="checkbox"/> Cataract                      | <input type="checkbox"/> Clotting                       |
| <input type="checkbox"/> Death                         | <input type="checkbox"/> Delayed graft function         |
| <input type="checkbox"/> Diabetes mellitus             | <input type="checkbox"/> High cholesterol               |
| <input type="checkbox"/> Hypertension                  | <input type="checkbox"/> Infection                      |
| <input type="checkbox"/> Major bleeding                | <input type="checkbox"/> Osteoporosis                   |
| <input type="checkbox"/> Reappearance of heart disease | <input type="checkbox"/> Reappearance of kidney disease |

Patient Name \_\_\_\_\_

Date       Reappearance of liver disease       Rejection Transplant related renal impairment     Other

Known complications post first transplant, other- specify \_\_\_\_\_

**Second Transplant**

Second organ received by transplant

 Unknown     Bone marrow     Heart       Kidney       Liver       Lung Pancreas     Stem Cell     Other

Second organ received by transplant, other- specify \_\_\_\_\_

Age (in days) at second transplant \_\_\_\_\_

Reason for second transplant

 Unknown       Treatment of disorder     Renal failure       Liver failure Heart failure       Other

Reason for second transplant, other- specify \_\_\_\_\_

Patient followed by Metabolism on an outpatient basis post second transplant     Unknown     Yes     No

Number of outpatient metabolic visits in the last year post transplant

 1     2     3     4     5     6     7     8     9     10     >10Metabolic labs monitored post second transplant     Unknown     Yes     No

Metabolic lab monitoring post second transplant: Note date(s), test(s), and normal or abnormal result(s)

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Complications during the second transplant procedure     Unknown     Yes     No

Complications during the second transplant procedure- specify

 Clotting       Death       Major bleeding       Other

Complications during the second transplant procedure, other- specify \_\_\_\_\_

Complications post second transplant     Unknown     Yes     No

Complications post second transplant- specify

<input type="checkbox"/> Unknown	<input type="checkbox"/> Cancer
<input type="checkbox"/> Cataract	<input type="checkbox"/> Clotting
<input type="checkbox"/> Death	<input type="checkbox"/> Delayed graft function
<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Infection
<input type="checkbox"/> Major bleeding	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Reappearance of heart disease	<input type="checkbox"/> Reappearance of kidney disease
<input type="checkbox"/> Reappearance of liver disease	<input type="checkbox"/> Rejection

Patient Name \_\_\_\_\_

Date       Transplant related renal impairment  Other

Complications post second transplant, other- specify \_\_\_\_\_

**Third Transplant**

Third organ received by transplant

Unknown  Bone marrow  Heart  Kidney  Liver  Lung  
 Pancreas  Stem Cell  Other

Third organ received by transplant, other- specify \_\_\_\_\_

Age (in days) at third transplant \_\_\_\_\_

Reason for third transplant

Unknown  Treatment of disorder  Renal failure  Liver failure  
 Heart failure  Other

Reason for third transplant, other- specify \_\_\_\_\_

Patient followed by Metabolism on an outpatient basis post third transplant  Unknown  Yes  No

Number of outpatient metabolic visits in the last year post transplant

1  2  3  4  5  6  7  8  9  10  >10

Metabolic labs monitored post third transplant  Unknown  Yes  No

Metabolic lab monitoring post third transplant: Note date(s), test(s), and normal or abnormal result(s)

Complications during the third transplant procedure  Unknown  Yes  No

Complications during the third transplant procedure- specify

Clotting  Death  Major bleeding  Other

Complications during the third transplant procedure, other- specify \_\_\_\_\_

Complications post third transplant  Unknown  Yes  No

Complications post third transplant- specify

Unknown  Cancer  
 Cataract  Clotting  
 Death  Delayed graft function  
 Diabetes mellitus  High cholesterol  
 Hypertension  Infection  
 Major bleeding  Osteoporosis  
 Reappearance of heart disease  Reappearance of kidney disease  
 Reappearance of liver disease  Rejection  
 Transplant related renal impairment  Other

Patient Name \_\_\_\_\_

Date      

Complications post third transplant, other- specify \_\_\_\_\_

**Fourth Transplant**

Fourth organ received by transplant

- Unknown     Bone marrow     Heart     Kidney     Liver     Lung  
 Pancreas     Stem Cell     Other

Fourth organ received by transplant, other- specify \_\_\_\_\_

Age (in days) at fourth transplant \_\_\_\_\_

Reason for fourth transplant

- Unknown     Treatment of disorder     Renal failure     Liver failure  
 Heart failure     Other

Reason for fourth transplant, other- specify \_\_\_\_\_

Patient followed by Metabolism on an outpatient basis post fourth transplant     Unknown     Yes     No

Number of outpatient metabolic visits in the last year post transplant

- 1     2     3     4     5     6     7     8     9     10     >10

Metabolic labs monitored post fourth transplant     Unknown     Yes     No

Metabolic lab monitoring post fourth transplant: Note date(s), test(s), and normal or abnormal result(s)

Complications during the fourth transplant procedure     Unknown     Yes     No

Complications during the fourth transplant procedure- specify

- Clotting     Death     Major bleeding     Other

Complications during the fourth transplant procedure, other- specify \_\_\_\_\_

Complications post fourth transplant     Unknown     Yes     No

Complications post fourth transplant- specify

- Unknown     Cancer  
 Cataract     Clotting  
 Death     Delayed graft function  
 Diabetes mellitus     High cholesterol  
 Hypertension     Infection  
 Major bleeding     Osteoporosis  
 Reappearance of heart disease     Reappearance of kidney disease  
 Reappearance of liver disease     Rejection  
 Transplant related renal impairment     Other

Complications post fourth transplant, other- specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date      **Fifth Transplant**

Fifth organ received by transplant

- Unknown     Bone marrow     Heart     Kidney     Liver     Lung  
 Pancreas     Stem Cell     Other

Fifth organ received by transplant, other- specify \_\_\_\_\_

Age (in days) at fifth transplant \_\_\_\_\_

Reason for fifth transplant

- Unknown     Treatment of disorder     Renal failure     Liver failure  
 Heart failure     Other

Reason for fifth transplant, other- specify \_\_\_\_\_

Patient followed by Metabolism on an outpatient basis post fifth transplant     Unknown     Yes     No

Number of outpatient metabolic visits in the last year post transplant

- 1     2     3     4     5     6     7     8     9     10     >10

Metabolic labs monitored post fifth transplant     Unknown     Yes     No

Metabolic lab monitoring post fifth transplant: Note date(s), test(s), and normal or abnormal result(s)

Complications during the fifth transplant procedure     Unknown     Yes     No

Complications during the fifth transplant procedure- specify

- Clotting     Death     Major bleeding     Other

Complications during the fifth transplant procedure, other- specify \_\_\_\_\_

Complications post fifth transplant     Unknown     Yes     No

Complications post fifth transplant- specify

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Cancer                         |
| <input type="checkbox"/> Cataract                            | <input type="checkbox"/> Clotting                       |
| <input type="checkbox"/> Death                               | <input type="checkbox"/> Delayed graft function         |
| <input type="checkbox"/> Diabetes mellitus                   | <input type="checkbox"/> High cholesterol               |
| <input type="checkbox"/> Hypertension                        | <input type="checkbox"/> Infection                      |
| <input type="checkbox"/> Major bleeding                      | <input type="checkbox"/> Osteoporosis                   |
| <input type="checkbox"/> Reappearance of heart disease       | <input type="checkbox"/> Reappearance of kidney disease |
| <input type="checkbox"/> Reappearance of liver disease       | <input type="checkbox"/> Rejection                      |
| <input type="checkbox"/> Transplant related renal impairment | <input type="checkbox"/> Other                          |

Complications post fifth transplant, other- specify \_\_\_\_\_

Patient Name \_\_\_\_\_

Date

Provide details for any other transplants not listed above

**Comments**

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Transplant comments