Te Whatu Ora
Health New Zealand

Lab PLUS

LabPLus Barcode:

New Zealand Society NZSSD for the Study of Diabetes

Monogenic Diabetes Molecular Genetics Test Form

*Please send **EDTA** whole blood (minimum 5ml adults; 3ml children; 1ml neonates) or DNA (minimum of 5µg) direct to:*
Diagnostic Genetics, LabPLUS, Level 2, Building 31, Auckland City Hospital, Grafton, Auckland, New Zealand
Please complete form electronically and e-mail to DGen@adhb.govt.nz. Testing will not be initiated without form.
Guidance for requesting Monogenic Diabetes genetic testing(to link).

Patient details

SURNAME:	CLINICIAN NAME:	
FORENAME:	CLINICIAN TELEPHONE:	
D.O.B.: (DD/MM/YYYY)	CLINICIAN E-MAIL ADDRESS	
PATIENT POSTCODE:	REPORT TO:	Clinical Department and Health Board (Billing):
NHI NUMBER:		
SEX:	ETHNIC ORIGIN:	DIABETES NURSE PRACTIONER:

Is this patient currently pregnant: **Yes** ☐ **Gestation (weeks)** **No** ☐	**Date and Time of Sample Taken:**

CASCADE TEST REQUEST

If the patient is asymptomatic, complete section below only. Diagnostic, Please add Clinical Information.

Asymptomatic: ☐ Symptomatic: ☐ Gene: Variant:
Name and date of birth of relative with variant: NHI of relative with Variant: Relationship to this person:

DIAGNOSTIC TEST REQUEST

NEONATAL TEST (Diagnosed with Diabetes <12 months, complete neonatal test section below only)

NEONATAL GENE PANEL: ☐ 6q24 Methylation: (Sendaway) ☐ AGE OF DIAGNOSIS: (Months) Syndromic Features? (Please specify)

SYNDROMIC FEATURES TEST - Complete all relevant clinical information fields below

MIDD m.3243A>G: ☐ *HNF1B*: ☐ SEVERE INSULIN RESISTANCE PANEL: ☐ MONOGENIC DIABETES GENE PANEL: (IF NEGATIVE) ☐

NO SYNDROMIC FEATURES TEST - Select one or both for GCK to MD Gene Panel reflex testing and complete all clinical information fields below

GCK: ☐ MONOGENIC DIABETES GENE PANEL: ☐

Family history

DIABETIC FATHER'S FATHER? ☐	DIABETIC FATHER'S MOTHER? ☐	DIABETIC MOTHER'S FATHER? ☐	DIABETIC MOTHER'S MOTHER? ☐	TOTAL NUMBER OF SIBLINGS: NUMBER OF SIBLINGS WITH DIABETES:	TOTAL NUMBER OF CHILDREN: NUMBER OF CHILDREN WITH DIABETES:
DIABETIC FATHER? ☐ AGE AT DIAGNOSIS? TREATMENT:		DIABETIC MOTHER? ☐ AGE AT DIAGNOSIS?: TREATMENT		PLEASE ADD THE AGE OF DIAGNOSIS FOR SIBLINGS WITH DIABETES: SIBLING 1: SIBLING 2: SIBLING 3: SIBLING 4:	PLEASE ADD THE AGE OF DIAGNOSIS FOR CHILDREN WITH DIABETES: CHILD 1: CHILD 2: CHILD 3: CHILD 4:

FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURIA, RENAL FAILURE, RENAL DYSPLASIA, RENAL AGENESIS)? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS: ☐

FAMILY HISTORY OF DEAFNESS? IF YES PLEASE PLEASE ADD TO FAMILY HISTORY DETAILS: ☐

FAMILY HISTORY DETAILS/COMMENTS: SUCH AS OTHER DIABETIC RELATIVES? (AGE AT DIAGNOSIS AND CURRENT TREATMENT OF AFFECTED FAMILY MEMBERS WOULD BE VERY HELPFUL):

Clinical information

MODY PROBABILTY CALCULATOR SCORE: % (https://www.diabetesgenes.org/mody-probability-calculator)	AGE AT DIAGNOSIS:	DIAGNOSED DURING PREGNANCY?	HEIGHT (METERS): WEIGHT (KILOGRAMS):	BMI AT DIAGNOSIS: CURRENT BMI:	FATHER'S BMI: MOTHER'S BMI:

INITIAL THERAPY:	INSULIN SUBTYPE :	INSULIN DOSE (units):	INSULIN FREQUENCY:	**CURRENT THERAPY:**	INSULIN SUBTYPE :	INSULIN DOSE (mg):	INSULIN FREQUENCY:
	OHA SUBTYPE :	OHA DOSE (mg):	OHA FREQUENCY:		OHA SUBTYPE :	OHA DOSE (mg):	OHA FREQUENCY:

INSULIN TREATED WITHIN 6 MONTHS OF DIAGNOSIS? SENSITIVE TO SULPHONYLUREA? ☐ GENITAL/URINARY TRACT ABNORMALITY? ☐ RENAL CYSTS? ☐ RENAL DYSPLASIA OR AGENESIS? ☐ PANCREATIC EXOCRINE INSUFFICIENCY? ☐

ACANTHOSIS NIGRICANS? ☐ PARTIAL LIPODYSTROPHY? ☐ DEAFNESS? ☐ LIVER ADENOMA? ☐ NEONATAL HYPOGLYCAEMIA? ☐ DETAILS AND DURATION OF NEONATAL HYPOGLYCAEMIA TREATMENT:

FBG OR OGTT 0 HOUR RESULT:	OGTT 2 HOUR RESULT:	OGTT DATE:	C-PEPTIDE (pmol/l):	PAIRED GLUCOSE (mmol/L):
PREVIOUS FBG OR OGTT 0 HOUR RESULT:	PREVIOUS OGTT 2 HOUR RESULT:	PREVIOUS OGTT DATE:	DATE OF C-PEPTIDE:	CURRENT HBA1C (mmol/mol):

GAD POSITIVE? ☐ GAD NEGATIVE? ☐	GAD RESULT:	IA-2 POSITIVE? ☐ IA-2 NEGATIVE? ☐	IA-2 RESULT:	ZnT8 POSITIVE? ☐ ZnT8 NEGATIVE? ☐	ZnT8 RESULT:	HIGHEST RECORDED HBA1C (mmol/mol):
BIRTH WEIGHT (GRAMS):	GESTATION:	DIABETIC COMPLICATIONS, OR ANY OTHER CLINICAL FEATURES:				