${\color{red} \,\,\boxtimes\,} rde\text{-}tr.exetergenomicslaboratory@nhs.net}$ 

**2** +44(0)1392 408229

EX Number:

(FOR LAB USE ONLY)



National Genomic Test Directory For Clinical Indication R141 & R142

Please send EDTA whole blood (minimum 5ml adults; 3ml children; 1ml neonates) or DNA (minimum of 5µg) direct to: Exeter Genomics Laboratory, RILD Level 3, Royal Devon & Exeter Hospital, Barrack Road, Exeter EX2 5DW Clinical Scientist Lead: Kevin Colclough (01392 408324 or rde-tr.betacellgenomics@nhs.net)

Please complete form electronically, e-mail to rde-tr.exetergenomicslaboratory@nhs.net and send a printed copy with the samples

| Is this patient currently pregnant: Ye's Gestation (weeks) No  Consent  We understand that our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:  We also consent for our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:  We also consent for our samples and clinical information to be saved in the Genetic Beta Cell Bank for use in future research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical benefit to us. Tick here for consent:  We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:  Address:  I am signing this form on behalf of someone else (children, adults without capacity or deceased patients).  I am the patient.  I am signing this form on behalf of someone else (children, adults without capacity or deceased patients).  I am the healthcare professional recording the patient's choices and consent has been recorded remotely, no patient signature.  Name of patient/guardian/advocate    Date:   Date:   | Patient details   | ,                          |                   | ,   |                |                               |  |                         | p                         |                                     |                                       |  |
|--|---|----------------------------|-------------------|---|----------------|-------------------------------|--|-------------------------|---------------------------|-------------------------------------|---------------------------------------|--|
| INTERIOR FORTORE  CINCON ACCRESS.  CINCON ACCRESS.  CINCON CORRES.  CONTROL CORRES.  CORR | SURNAME:  |                            | CLIN              | CLINICIAN NAME:   |                |                               |  |                         |                           |                                     |                                       |  |
| THE INDUSTRIES WITHOUT PROTECTION  TO SHEET CHARTES OF MAIL U.C.  TESTING SPECIAL FOR FRONT U. | FORENAME:   |                            |                   | CLINICIAN TELEPHONE:  |                |                               |  |                         |                           |                                     |                                       |  |
| In STANDARD INCOMPAND THE OF PROVIDES  THE PROVIDED HEAD TO BE PRO | D.O.B.: (DD/MM/YYYY)  |                            |                   | CLINICIAN E-MAIL ADDRESS (reports can be issued as PDFs to @nhs.net accounts and to non-UK clinicians): |                |                               |  |                         |                           |                                     |                                       |  |
| Is this patient currently pregnant:  | PATIENT POSTCODE:   |                            |                   | CLINICIAN ADDRESS:  |                |                               | INVOICE ADDRESS:   |                         |                           |                                     |                                       |  |
| In this patient currently pregnant:  Ves Gestation (weeks) No Date Sample Taken: (DD/MM/YYYY)  We also consent for our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:  We also consent for our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:  We also consent for our samples and clinical information to be swed in the Genetic Beat Cell Bank for use in future research into all forms of genetic diabetes and you may contact me directly using these details: Tick here for consent:  We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:  Sometime: I am the patient.  Lam signing this form on behalf of someone else (children, adults without capacity or deceased patients).  Lam the healthcare professional recording the patient's choices and consent has been recorded remotely, no patient signiture.  Name of patient/guidential/advocates  To more information (and patient information sheets) please see https://www.dabbetes/genes.org/current-research/genetic-bet-cell-research-bank.  Clinical information  Noore reconstants' cuclustors (and patient information sheets) please see https://www.dabbetes/genes.org/current-research/genetic-bet-cell-research-bank.  Clinical information  Noore reconstants' cuclustors (and patient information sheets) please see https://www.dabbetes/genes.org/current-research/genetic-bet-cell-research-bank.  Clinical information  Noore reconstants' cuclustors (and patient information sheets) please see https://www.dabbetes/genes.org/current-research-bank.  Clinical information  Noore reconstants' cuclustors (and patient information sheets) please see https://www.dabbetes/genes.org/current-research-bank.  Noore reconstants' cuclustors (and patient information sheets) please see https://www.dabbetes/genes.org/current-resea | NHS NUMBER (HOSPITAL/PATIENT ID IF NON-UK):   |                            |                   | -   |                |                               |  |                         |                           |                                     |                                       |  |
| Ves Gestation (weeks) No  Consent  We understand that our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:      We are also happy to be contacted about research into genetic diabetes and their beta      We are also happy to be contacted about research into genetic diabetes and vour may contact me directly using these details. Tick perior consent:      We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details. Tick perior for consent:      We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details. Tick perior for consent:      We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details. Tick perior for consent:      We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details. Tick perior for consent:      I confirm: I am the patient.  | SEX:  |                            |                   | ETHNIC ORIGIN:  |                |                               |  | GENETIC DIABETES NURSE: |                           |                                     |                                       |  |
| Consent  We understand that our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Please tick:  We also consent for our samples and clinical information to be sawed in the Genetic Beta Cell Bank for use in Infuture research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical benefit to us.  Tick here for consent:   | Is this patient curre   |                            |                   |   | Date           | te Sample Taken: (DD/MM/YYYY) |  |                         |                           |                                     |                                       |  |
| We understand that our samples and clinical information to the used only for diagnostic and research purposes relevant to ourselves and others in my family. Please ties:    We also consent for our samples and clinical information to be seved in the Senters et al. Call Bank for use in future research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical information to be seved in the Senters et al. Call Bank for use in future research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical information that is not the patient. It is not better that the patient. It is not better that the patient. It is not better that the patient is condition. It is not better that the patient is condition. It is not better that the patient. It is not better that the patient is condition. It is not be the patient is condition. It is not better professional recording the patient's choices and consent has been recorded emortally, no patient glassified to the patient is condition. It is not better professional recording the patient's choices and consent has been recorded emortally, no patient glassified.   | Yes Ges   | station (weeks)            |                   | No  |                |                               |  |                         |                           |                                     |                                       |  |
| We also consent for our simples and clinical information to be saved in the Genetic Retail of or use in future research into all forms of genetic diabetes and other beta clinical benefit to us. Tick here for consent:        We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:        We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:        Tam the patient.   | Consent   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| Vertical Information   Particular   Partic   | We understand that  | our samples and clinica    | l information v   | vill be used  | only for diag  | gnostic and rese              | arch purposes  | relevant to ourse       | lves and oth              | ers in my fami                      | ly. Please tick:                      |  |
| We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:   | We also consent for our samples and clinical information to be saved in the Genetic Beta Cell Bank for use in future research into all forms of genetic diabetes and other beta |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| Name: I am the patient. I am the patient. I am signing this form on behalf of someone declinitions, adults without capabity or decessed patients).  I am the healthcare professional recording the patient's choices and consent has been recorded remotely, no patient signature.  Name of patient/guardian/advocate    Electronic Signature:   Date:     Date:     Date:     Date:     Date:     Date:     Date:   D | cell conditions, whet   | her or not it is of direct | clinical benefit  | to us.  | Tick here      | e for consent:                |  |                         |                           |                                     |                                       |  |
| Londinn:   Lam the patient.   Lam signing this form on behalf of someone else (children, adults without capacity or deceased patients).  | We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these details: Tick here for consent:                              |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| Tam the healthcare professional recording the patient's choices and consent has been recorded remotely, no patient signature.    Name of patient/guardina/pdvocate   Set-tron's Signature:   Date:   Date:   Date:   Set-tron's Signature:   Set-tro   | Name: Address: Telephone: E-mail:   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| For more information (and patient information sheets) please see https://www.diabetesgenes.org/current-research/genetic-beta-cell-research-bank  Clinical information  MONY PROBABILITY COLULATIONS SCORE: % (https://www.diabetesgenes.org/mody-probability-calculator)  MONY PROBABILITY COLULATIONS SCORE: % (https://www.diabetesgenes.org/mody-probability-calculator)  MONY PROBABILITY (MONY PROBABILITY (MONY PROBABILITY (MONY PROBABILITY)  MONTHS SIDE: MONTHS OF MONTHS BURNING  MONTHS OF MONTHS OF DAMANDSSS  MONTHS OF DAMANDSS  MONTHS OF DAMANDS  MONTHS OF D |   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| Clinical information (and patient information sheets) please see https://www.diabetesgenes.org/current-research/genetic-beta-cell-research-bank  | Name of patient/gua   | ardian/advocate            | Elec              | tronic Signature  | gnature: Date: |                               |  |                         |                           |                                     |                                       |  |
| MODIFIED SCHOOL SCHOOL OF MATERIAL PRODUCTS COME 96 (Interpol/yowww.disbetesgenes.org/mody-probability-calculator)  NITIAL THRAPY: INSULIN SUBTYPE: INSULIN DOSE (mg): INSULIN PRECUENCY: CURRENT THRAPY: INSULIN SUBTYPE: INSULIN DOSE (mg): INSULIN PRECUENCY: CHARACTER WITHOUT STATE AND CONTROL OF MATERIAL PRODUCTS (mg): INSULIN PRECUENCY: CHARACTER WITHOUT STATE AND CONTROL OF MATERIAL PRODUCTS (mg): INSULIN PRECUENCY: CHARACTER WITHOUT SUBTYPE: INSULIN SUBTYPE: INSULIN SUBTYPE: INSULIN SUBTYPE: INSULIN SUBTYPE: INSULIN SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA PREQUENCY: OHA PREQUENCY: OHA SUBTYPE: OHA DOSE (mg): OHA PREQUENCY: OHA | For more information (and patient information sheets) please see https://www.diabetesgenes.org/current-research/genetic-beta-cell-research-bank                                 |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| PREGNANCY?  WEIGHT [BILDGRAMAS]: CURRENT BMI: MOTHER'S BMI:  NITIAL THERAPY: INSULIN SUBTYPE: INSULIN FREQUENCY: CUBRENT THERAPY: INSULIN SUBTYPE: INSULIN FREQUENCY: OHA DOSE [mg]: OHA PREQUENCY: OHA PREQUENCY: OHA DOSE [mg]: OHA DOSE [mg]: OHA PREQUENCY: OHA DOSE [mg]: OHA DOSE [mg]: OHA PREQUENCY: OHA DOSE [mg]: OHA PREQUENCY: OHA DOSE [mg]: OHA DOSE [mg]: OHA DOSE [mg]: OHA PREQUENCY: OHA DOSE [mg]: OHA D | Clinical informat   | ion                        |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| MITGAT (RILOGRAMS): CURRENT BM: MOTHERS BM: POPUBBLIFY-COLLULATOR)   WRIGHT (RILOGRAMS): CURRENT BM: MOTHERS BM:   | MODY PROBABILTY CALCULATOR SCORE: % AGE AT DIAGNOSIS: DIAGNO  |                            |                   |   |                |                               | URING HEIGHT (METERS): BM  |                         | BMI AT DIAG               | NOSIS:                              | FATHER'S BMI:                         |  |
| INSULIN SUBTYPE: INSULIN BOSE (mg): INSULIN PREQUENCY:  OHA SUBTYPE: OHA DOSE (mg): OHA FREQUENCY:  DEFINISA AND DUBATION OF REDIVATION FREDIVATION FREDIVE FREDIVATION FREDIVE FREDIVATION FREDIVATION FREDIVATION FREDIVATION FREDIVATION FR |   |                            |                   | PF  |                |                               | WEIG   | HT (KII OCDVW2).        | GDAMS). CUIDDENIT DAM     |                                     | MOTHER'S RMI                          |  |
| CHA SUBTIPE: CHA DOSE (mg): OHA FREQUENCY:  OHA SUBTIPE: CHA DOSE (mg): OHA FREQUENCY:  OHA SUBTIPE: CHA DOSE (mg): OHA FREQUENCY:  INSULIN TREATED WITHIN 6 MONTHS OF DIAGNOSS?  SENSITIVE TO SULPHONYTUREA? RENAL DISEASE? RENAL CYSTS? RENAL DYSPLASIA OR AGENESIS?  LOW RENAL THRESHOLD FOR GLUCOSE?  DEFAILS AND DURATION OF NEONATAL HYPOGLYCAEMIA?  TREATMENT:  DEFAIL LIPODYSTROPHY? DEFAILS.  OGTT 2 HOUR RESULT: OGTT DATE: C-PEPTIDE: (pmol/l): CURRENT HABAC (smol/mmol):  PREVIOUS PER OR OGTT 0 HOUR RESULT: PREVIOUS OGTT 2 HOUR RESULT: PREVIOUS OGTT DATE: DATE OF C-PEPTIDE: HIGHEST RECORDED HABAL (smol/mmol):  GOD POSTTUP? GAD RESULT: IA 2 POSTTIVE? A 2 RESULT: 2 ATR POSTTIVE? DATE OF C-PEPTIDE: HIGHEST RECORDED HABAL (smol/mmol):  GOD POSTTUP? GAD RESULT: IA 2 POSTTIVE? A 2 RESULT: 2 ATR POSTTIVE? 2 ATR RESULT: UCPCR (smol/mmol):  MONTHER? DARETIC COMMUCATIONS, OR ANY OTHER CUNICAL FEATURES.  PARTIER? DARETIC COMMUCATIONS, OR ANY OTHER CUNICAL FEATURES.  DIAGETIC FATHER'S MOTHER? DIABETIC MOTHER? SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF CHILDREN:  MOTHER? SIBLINGS WITH DIABETES: NUMBER OF CHILDREN:  MITH DIABETES: NUMBER OF CHILDREN  WITH DIABETES: NUMBER OF CHILDREN  WITH DIABETES: OHILD SIBLINGS: CHILD SIBLINGS:  FAMILY HISTORY OF DEATHSON'S PEASE PLEASE ADD TO FAMILY HISTORY DETAILS:  FAMILY HISTORY OF DEATHSON'S PEASE ADD TO FAMILY HISTORY DETAILS:  TEASTING PREQUIRED IF NO BOXES ARE CICKED, LESTING WITH DIABETES AND TO FAMILY HISTORY DETAILS:  TEASTING PREVIOUS WITH DIABETES AND TO FAMILY HISTORY DETAILS:  TEASTING PREVIOUS WITH DIABETES AND TO FAMILY HISTORY DETAILS:  TEASTING PREVIOUS WITH DIABETES AND TO FAMILY HISTORY DETAILS:  TEASTING PROMITED AND THE PROPRIED AN | probability-calculat  |                            |                   |   |                | WEIG                          | IHT (KILOGRAIVIS).   | . COMMENT DIVIG         |                           | WOTHER 3 BIVII.                     |                                       |  |
| INSULIN TREATED WITHIN 6 SENSITIVE TO SULPHONYLUREA? RENAL DISEASE? RENAL CYSTS? RENAL DYSPLASIA OR AGENESIS? LOW RENAL THRESHOLD FOR GLUCOSE?  MONTHS OF DIAGNOSS?  ACANTHOSIS NIGRICANS? PARTIAL UPODYSTROPHY? DEAFNESS? LIVER ADENOMA? NEONATAL HYPOGLYCAEMIA? TREATMENT.  PREVIOUS REG OR OGTT O HOUR RESULT: OGTT 2 HOUR RESULT: OGTT DATE: C-PEPTIDE (mm/l): CURRENT HBALC (mm/l/mmol):  PREVIOUS REG OR OGTT O HOUR RESULT: PREVIOUS OGTT 2 HOUR RESULT: PREVIOUS OGTT DATE: DATE OF C-PEPTIDE: HIGHEST RECORDED HBALC (mmol/mmol):  GAD POSITIVE? GAD RESULT: IL-2 POSITIVE? IL-2 RESULT: JOURN RESULT: PREVIOUS OGTT DATE: DATE OF C-PEPTIDE: HIGHEST RECORDED HBALC (mmol/mmol): JOURN RESULT: JOURN MITHOR!  BRITH WEIGHT (GRAMS): GESTATION: DIABETIC COMPUCATIONS, OR ANY OTHER CLINICAL FEATURES:  FAMILY HISTORY  DIABETIC CATHER'S MOTHER? MOTHER'S MOTHER'S NUMBER OF SIBLINGS: NUMBE | INITIAL THERAPY:  | INSULIN SUBTYPE :          | INSULIN DOS       | E (mg): INSULI  | IN FREQUENCY:  | CURRENT THE                   | RAPY:  | INSULIN SUBTYPE :       | IN                        | ISULIN DOSE (mg)                    | : INSULIN FREQUENCY:                  |  |
| MONTIS OF DIAGNOSS?  ACANTHOSIS NIGRICANS?  PARTIAL LIPODYSTROPHY?  DEFINESS?  LIVER ADENOMA?  NEONATAL HYPOGLYCAEMIA?  TREATMENT:  DETAILS AND DURATION OF NEONATAL HYPOGLYCAEMIA?  TREATMENT:  PREVIOUS RESULT:  OGTT 2 HOUR RESULT:  PREVIOUS OGTT 2 HOUR RESULT:  PREVIOUS OGTT 2 HOUR RESULT:  PREVIOUS OGTT 2 HOUR RESULT:  IN 2 PREVIOUS OGTT 2 HOUR RESULT:  PREVIOUS OGTT 2 HOUR RESULT:  PREVIOUS OGTT 2 HOUR RESULT:  IN 2 PREVIOUS OGTT 2 HOUR RESULT:  IN 3 PREVIOUS OGTT 2 HOUR RESULT:  IN 4 PREVIOUS OGTT 2 HOUR RESULT:  IN 5 PREVIOUS OGTT 2 HOUR RESULT:  IN 6 PREVIOUS OGTT  |   | OHA SUBTYPE :              | OHA DOSE (I       | mg): OHA F  | REQUENCY:      |                               | (  | OHA SUBTYPE :           | C                         | OHA DOSE (mg):                      | OHA FREQUENCY:                        |  |
| PREVIOUS FIGO R OGTT 0 HOUR RESULT:  | INSULIN TREATED WITHIN 6 SENSITIVE TO SULPHONYLUREA? RENAL DISEASE? RENAL CYSTS? RENAL DYSPLASIA OR AGENESIS? LOW RENAL THRESHOLD FOR GLUCOSE? MONTHS OF DIAGNOSIS?             |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| PREVIOUS FAG OR OGIT 0 HOUR RESULT: PREVIOUS OGIT 2 HOUR RESULT: PREVIOUS OGIT DATE: DATE OF C-PEPTIDE: HIGHEST RECORDED HBALC (nmol/mmol):  GAD POSITIVE? GAD RESULT: LIA-2 POSITIVE? LIA-2 RESULT: ZATE POSITIVE? ZATE RESULT: ZATE RESULT: LIA-2 POSITIVE? ZATE RESULT: ZATE RESULT: LIA-2 RECATIVE? ZATE RESULT: ZATE RESULT: ZATE RESULT: LIA-2 RECATIVE? ZATE RESULT: ZATE RESULT: ZATE RESULT: LIA-2 RECATIVE? ZATE RESULT: ZATE RESULT: LIA-2 RECATIVE? ZATE RESULT: ZATE RESULT: LIA-2 RECATIVE? MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER'S MOTHER RESULT: NUMBER OF CHILDREN: NUMBER OF CHI | ACANTHOSIS NIGRICANS?   | PARTIAL LIPODYS            | TROPHY?           | DEAFNESS? LIVER ADE   |                |                               | MA? NEONATAL HYPOGLYCAEMIA   |                         |                           |                                     |                                       |  |
| GAD POSITIVE? GAD RESULT:  IA-2 POSITIVE? IA-2 RESULT: IA-3 RESULT: IA | FBG OR OGTT 0 HOUR RES  | OGTT 2 HOUR RE             | 2 HOUR RESULT: OG |   |                | TT DATE: C-I                  |  | l): CURI                | CURRENT HBA1C (nmol/mmol: |                                     |                                       |  |
| GAD NEGATIVE?  BIRTH WEIGHT (GRAMS):  GESTATION:  DIABETIC COMPLICATIONS, OR ANY OTHER CLINICAL FEATURES:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURIA, RENAL FAILURE, RENAL SUSPLANS, RENAL AGENESIS):  FAMILY HISTORY OF TEALIS/COMMENTS: SUCH AS OTHER DIABETIC RELATIVES? (AGE AT DIAGNOSIS AND CURRENT TREATMENT OF AFFECTED FAMILY MEMBERS WOULD BE VERY HELPPUL):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)  DIABETIC COMPLICATIONS, OR ANY OTHER CLINICAL FEATURES:  DIABETIC MOTHER'S DIABETIC MOTHER'S NUMBER OF SIBLINGS: NUMBER OF CHILDREN: NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF CHILDREN: NUMBER OF CHILDREN: NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF CHILDREN: NUMBER OF CHILDREN: NUMBER OF CHILDREN: NUMBER OF CHILDREN: NUMBER OF SIBLINGS: NUMBER OF CHILDREN: NUMBER OF SIBLINGS: NUMBER OF CHILDREN: NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: SIBLIN | PREVIOUS FBG OR OGTT 0 HOUR RESULT: PREVIOUS  |                            |                   | 2 HOUR RESUL  | LT:            | PREVIOUS OGTT                 | PREVIOUS OGTT DATE: DA   |                         | DE: HIGH                  | HIGHEST RECORDED HBA1C (nmol/mmol): |                                       |  |
| BIRTH WEIGHT (GRAMS): GESTATION: DIABETIC COMPLICATIONS, OR ANY OTHER CLINICAL FEATURES:  Family history  DIABETIC FATHER'S DIABETIC FATHER'S MOTHER'S MOTHER AGE OF DIAGNOSIS FOR CHILDREN WITH DIABETES: W | GAD POSITIVE?   | GAD RESULT:                |                   |   |                |                               |  | ZnT8 RESULT:            | UCPO                      | UCPCR (nmol/mmol):                  |                                       |  |
| DIABETIC FATHER'S MOTHER?  DIABETIC MOTHER'S MOTHER BEEN SIBLING S:  DIABETIC FATHER'S MOTHER'S MOTHER BEEN SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  DIABETIC FATHER'S MOTHER SIBLINGS: TOTAL NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF CHILDREN WITH DIABETES:  NUMBER OF SIBLINGS: NUMBER SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  WITH DIABETES: MOTHER BEEN SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  CHILD 1: CHILD 2: CHILD 2: CHILD 2: CHILD 3: CHILD 4:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE PLEASE ADD TO FAMILY HISTORY DETAILS:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE ADD TO FAMILY HISTORY DETAILS:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROT | BIRTH WEIGHT (GRAMS):   | GESTATION:                 |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| DIABETIC FATHER'S MOTHER?  DIABETIC MOTHER'S MOTHER BEEN SIBLING S:  DIABETIC FATHER'S MOTHER'S MOTHER BEEN SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  DIABETIC FATHER'S MOTHER SIBLINGS: TOTAL NUMBER OF SIBLINGS: NUMBER OF SIBLINGS: NUMBER OF CHILDREN WITH DIABETES:  NUMBER OF SIBLINGS: NUMBER SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  WITH DIABETES: MOTHER BEEN SET DIAGNOSIS FOR CHILDREN WITH DIABETES:  CHILD 1: CHILD 2: CHILD 2: CHILD 2: CHILD 3: CHILD 4:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE PLEASE ADD TO FAMILY HISTORY DETAILS:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE ADD TO FAMILY HISTORY DETAILS:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURA, RENAL FAILURE, RENAL DISEASE (CYSTS, PROT |   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| MOTHER?  MOTHER?  MOTHER?  MOTHER?  MOTHER?  MOTHER?  DIABETIC FATHER?  MOTHER?  MOTHER?  DIABETIC FATHER?  MOTHER?  PLEASE ADD THE AGE OF DIAGNOSIS FOR WITH DIABETES:  MITH DIABETES  M |   | <u>.</u>                   |                   |   |                |                               | <del>, .</del>   |                         |                           |                                     |                                       |  |
| DIABETIC FATHER?  DIABETIC FATHER?  AGE AT DIAGNOSIS?  DIAGNOSIS?  DIAGNOSIS?  DIAGNOSIS?  DIAGNOSIS?  DIAGNOSIS?  TREATMENT  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURIA, RENAL FAILURE, RENAL STORY DETAILS:  FAMILY HISTORY OF TAILS/COMMENTS: SUCH AS OTHER DIABETIC RELATIVES? (AGE AT DIAGNOSIS AND CURRENT TREATMENT OF AFFECTED FAMILY MEMBERS WOULD BE VERY HELPFUL):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)     NUMBER OF CHILDREN WITH DIABETES:     PLEASE ADD THE AGE OF DIAGNOSIS FOR CHILDREN WITH DIABETES:     CHILD 1: CHILD 2:     CHILD 2:     CHILD 3: CHILD 4:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:     FAMILY HISTORY OF DEAFNESS? IF YES PLEASE ADD TO FAMILY HISTORY DETAILS:  | 5 // SETTO 17 / 11 / 12 / 13 / 14 / 15 / 15 / 15 / 15 / 15 / 15 / 15  |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| FAMILY HISTORY DETAILS/COMMENTS: SUCH AS OTHER DIABETIC RELATIVES? (AGE AT DIAGNOSIS AND CURRENT TREATMENT OF AFFECTED FAMILY MEMBERS WOULD BE VERY HELPFUL):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)  SIBLING 1: SIBLING 2: 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 DETAILS/COMMENTS: SUCH AS OTHER DIABETIC RELATIVES? (AGE AT DIAGNOSIS AND CURRENT TREATMENT OF AFFECTED FAMILY MEMBERS WOULD BE VERY HELPFUL):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  **MICHIER SUBLINGS WITH DIABETES: WITH DIABETES: CHILD 1: CHILD 2: CHILD 2: CHILD 3: CHILD 4:  **CHILD 3: CHILD 4: CHILD 4: CHILD 3: CHILD 4:  **CHILD 3: CHILD 4: CHILD 4: CHILD 3: CHILD 4:  **CHILD 3: CHILD 4: CHILD 4: CHILD 4: CHILD 4: CHILD 3: CHILD 4:  **CHILD 3: CHILD 4: |   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| AGE AT DIAGNOSIS? TREATMENT:  FAMILY HISTORY OF RENAL DISEASE (CYSTS, PROTEINURIA, RENAL FAILURE, RENAL DYSPLASIA, RENAL AGENESIS)? IF YES 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):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   ISBLING 2: CHILD 1: CHILD 2: CHILD 2: CHILD 3: CHILD 4:  TREATMENT OF DEAFNESS? IF YES 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):  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   |   |                            |                   |   |                |                               |  |                         |                           |                                     |                                       |  |
| TREATMENT:    TREATMENT   SIBLING 3:   SIBLING 4:   CHILD 3:   CHILD 4:  |   |                            |                   |   |                |                               | SIBLING 1:   | SIBLING 2:              | CHILI                     | CHILD 1: CHILD 2:                   |                                       |  |
| 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 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):  IF SAMPLES FROM OTHER FAMILY MEMBERS HAVE BEEN SENT PREVIOUSLY PLEASE GIVE DETAILS:  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   |   |                            |                   |   |                |                               | SIBI ING 3. SIBI ING   |                         | CHILI                     | n 2.                                | CHILD 4:                              |  |
| DYSPLASIA, RENAL AGENESIS)? IF YES 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):  IF SAMPLES FROM OTHER FAMILY MEMBERS HAVE BEEN SENT PREVIOUSLY PLEASE GIVE DETAILS:  Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesaenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   |   |                            |                   |   |                | SIBLING 4.                    |  |                         | <i>J</i> 5.               | CHILD 4.                            |                                       |  |
| Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   |   |                            |                   |   |                |                               | ILY HISTORY OF DEAFNESS? IF YES PLEASE PLEASE ADD TO FAMILY HISTORY DETAILS: |                         |                           |                                     |                                       |  |
| Testing required If no boxes are ticked, testing will be performed according to the clinical information provided  Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   | FAMILY HISTORY DETAIL:  | S/COMMENTS: SUCH AS OTHE   | ER DIABETIC RELAT | IVES? (AGE AT   | DIAGNOSIS AN   | D CURRENT TREATM              | IENT OF AFFECTED   | FAMILY MEMBERS V        | VOULD BE VERY             | HELPFUL):                           |                                       |  |
| Please visit our website for current test costs (www.diabetesgenes.org)  GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)  | IF SAMPLES FROM OTHER   | FAMILY MEMBERS HAVE BEE    | N SENT PREVIOUS   | LY PLEASE GIV   | 'E DETAILS:    |                               |  |                         |                           |                                     |                                       |  |
| GCK Sanger sequencing (this method will not detect partial/whole gene deletions and duplications)   m.3243A>G test for maternally inherited diabetes and deafness (MIDD)   | Testing required  | If no boxes are ticke      | ed, testing w     | ill be perf   | ormed acc      | cording to the                | clinical infor   | mation provid           | led                       |                                     |                                       |  |
|  |   | •                          | •                 |   |                |                               |  | 404-01-11               |                           |                                     |                                       |  |
|  |   | -                          | •                 | •   |                | –                             |  |                         | •                         |                                     | · · · · · · · · · · · · · · · · · · · |  |

For further information about this test please see: <a href="https://www.diabetesgenes.org/tests-for-diabetes-subtypes/a-new-test-for-all-mody-genes/">https://www.diabetesgenes.org/tests-for-diabetes-subtypes/a-new-test-for-all-mody-genes/</a>

Name and date of birth of relative with mutation:

KNOWN MUTATION TEST (FOR FAMILIES WHERE A MUTATION HAS ALREADY BEEN IDENTIFIED)

Gene:

Mutation:

Version No.: MG/MON/FOR014.2

Relationship to this person: