

### 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](mailto: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 PRACTICER:                       |

|  |                                       |
|--|---------------------------------------|
| <b>Is this patient currently pregnant:</b> | <b>Date and Time of Sample Taken:</b> |
| Yes      Gestation (weeks)      No         |                                       |

#### 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:<br>(Sendaway) | AGE OF DIAGNOSIS:<br>(Months) | Syndromic Features?<br>(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:<br>(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:<br>NUMBER OF SIBLINGS WITH DIABETES:  | TOTAL NUMBER OF CHILDREN:<br>NUMBER OF CHILDREN WITH DIABETES:  |
| DIABETIC FATHER?<br>AGE AT DIAGNOSIS?<br>TREATMENT:   |                           | DIABETIC MOTHER?<br>AGE AT DIAGNOSIS?<br>TREATMENT: |  | PLEASE ADD THE AGE OF DIAGNOSIS FOR SIBLINGS WITH DIABETES:<br>SIBLING 1:      SIBLING 2:<br>SIBLING 3:      SIBLING 4: | PLEASE ADD THE AGE OF DIAGNOSIS FOR CHILDREN WITH DIABETES:<br>CHILD 1:      CHILD 2:<br>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 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 PROBABILITY CALCULATOR SCORE: %<br><a href="https://www.diabetesgenes.org/mody-probability-calculator">https://www.diabetesgenes.org/mody-probability-calculator</a> | AGE AT DIAGNOSIS:            | DIAGNOSED DURING PREGNANCY?                             | HEIGHT (METERS):    | BMI AT DIAGNOSIS:            | FATHER'S BMI:   |                                    |                    |
|   |                              | WEIGHT (KILOGRAMS):                                     |                     | CURRENT BMI:                 | MOTHER'S BMI:   |                                    |                    |
| <b>INITIAL THERAPY:</b>   | INSULIN SUBTYPE:             | INSULIN DOSE (units):                                   | INSULIN FREQUENCY:  | <b>CURRENT THERAPY:</b>      | 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 RESULT:                  | IA-2 POSITIVE?  | IA-2 RESULT:        | ZnT8 POSITIVE?               | ZnT8 RESULT:  | HIGHEST RECORDED HBA1C (mmol/mol): |                    |
| GAD NEGATIVE?   | IA-2 NEGATIVE?               |   | ZnT8 NEGATIVE?      |                              |   |                                    |                    |
| BIRTH WEIGHT (GRAMS):   | GESTATION:                   | DIABETIC COMPLICATIONS, OR ANY OTHER CLINICAL FEATURES: |                     |                              |   |                                    |                    |